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COMMUNICATIONS.

AN AUXILIARY METHOD FOR THE REDUCTION OF DISLOCATIONS.

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Many theories have been advanced to explain those causes and hindrances which sometimes make the best efforts to reduce a dislocation futile. The obstacle to the reduction has been looked for, especially by the older surgeons, in the contraction of the muscles, which, through the dislocation of a joint, are thrown out of equalization of action. And it cannot be denied that the contraction of the muscles plays an important part, and furnishes an obstacle, especially the moment an attempt at reduction is made. These contracted muscles will make the bone less easily movable, and draw it more or less tightly on the underlying one. The defenders of this theory thought if they could paralyze the muscles they would be able to reduce any and every luxation.

But the falsity of this theory has long ago been made apparent by the fact that in some cases the dislocations of joints (artificially produced) on the cadaver could not, in spite of expert efforts, be reduced.

Then, further, in some cases all the tendons of the muscles that could make any resistance were severed with the knife, yet the reduction was impossible. Again, the fact that the dislocation of the ends of the fractured bone produced by the contraction of the muscles is easily overcome by mild extension. And we may add that, in later years, the administration of anæsthetics has proven beyond all doubt that this theory, seeking the sole cause of hindrance in the contraction of the muscles, cannot hold good.

The principal hindrance, Malgaigne (as cited by H. B. Schindler) thought, was to be found in the friction of the dislocated head and the underlying bone. Although we always have friction to contend with when manipulating a dislocation, yet we believe it to play but an unimportant part; of course, in this particular, the irregularities of the region bordering immediately on the articulating surface of nearly all bones must not be overlooked.

Others looked for the difficulty in the capsule itself, and here there are different conditions possible; first, it may be a fibrous bundle torn from the one or other side of the capsule, and crowded between the articulating surfaces. Roser has shown this condition to occur, and really to be the hindrance in some of those cases of dorsal luxations of the thumb, where every effort at reduction has failed.

Secondly, it may be owing to the capsular tissue being flexible. The capsule itself is first violently distended in one direction before the rupture takes place, when the wound or rent will actually be smaller than the body that just passed through it.

This difficulty will be increased as soon as the edges of the rent become swollen and render the capsule less pliable, as it also tends to make the opening, which is necessary for the return of the luxated head, more difficult to pass. As far as my own opinion is concerned, I have always thought that the smallness of the rent in the

capsule was sufficient to explain the difficulty in the majority of cases.

Again, undoubtedly, there are cases in which a tendon or a bundle of muscular fibres, or a sesamoid bone, or all, as easily imagined, get between the articulating surfaces and make reduction difficult or impossible.

After E. H. Weber's discovery, that atmospheric pressure was a factor in retaining the head of a bone in its socket (for instance, the hip-joint). Voelkers, of Germany, maintained that this was the only obstacle we had to contend with in the treatment of dislocations.

Further, when swelling and inflammation of the region of the joint are present, they in various ways constitute a formidable drawback to reduction.

In the pre-anæsthetic period many ways were resorted to to produce the relaxation so necessary for the reduction of a dislocated bone. The method most frequently resorted to was venesection, continued until fainting set in. Others gave opium until its narcotic effects became apparent. Again, some made use of the alcoholics, to the same extent. Powerful emetics, as well as hot and cold bandages, were resorted to quite often.

But since the introduction of anæsthetics, these methods have all been brought into disrepute. And even with this assistance we have seen, in some cases, extreme force resorted to where mild and intelligent manipulation would easily and surely have succeeded. We must not forget, the moment blind force is resorted to, that we are really not doing any more than the henchman (scharfrichter) and shepherd of olden times, in whose hands this branch of surgery, before it was reduced to a science, used to be (at least in Germany), with the exception of some few cases. We can never say positively with what degree of celerity the bone may slip back into its place. The anæsthetic saves the patient all pain, and allows us to make every manipulation which we by experience (and the nature of the dislocation) know to be appropriate; still we think it wrong to apply the same in every case. Anæsthetics are quite safe, but not absolutely so. My experience with chloroform has put me on "my guard" in the use of this narcotic, and I will relate to you a few cases which may be of interest. I have seen three deaths occur while the operation was being performed, death in each case being superinduced by the anæsthetic. The operation each time was performed by our professor of surgery, and the anæsthetic administered by expert assistants. The first patient died of asphyxia, the result of spasmus glottidis. He was a robust, hearty man, 43 years of age; he suffered from a panuritium sub-periosteum of the left index finger. When this was to be lanced, he refused to undergo such a slight operation, unless he was put under the influence of a narcotic. The latter had been scarcely applied three minutes, when he showed symptoms of asphyxia, whereupon tracheotomy was immediately made, but the man was dead.

The second patient was a lady about 50 years of age, whose general health was moderately good, and who was operated upon for cancer of the left mamma. After the operation was completed and the Lister bandage was being adjusted, the patient suddenly became pale and expired.

The third patient was a male, 17 years old, somewhat pale and emaciated, who was being operated upon for pes varus after the method of Davies Colleyes. The operation was about one-half completed, when the action of the heart became suddenly weak. A hypodermic injection of moschus was immediately made, but the patient rapidly sank, and in a few minutes the breathing ceased entirely.*

The first patient received about 8.0 (℥ij.) of the narcotic (chloroform); the second about 120.0 (℥iv.); and the third about 60.0 (℥ij.). I need scarcely remark that every effort toward resuscitation was made by the operator and his assistants (of whom I was one).

The fact that local anæsthesia can be brought about by pressure is generally known. Hyrtl relating the experience of Hunter says, a man whose crural and sciatic nerves were made numb by a pelott well bound on each nerve, was amputated (exact place of amputation not stated). The man was of a very sensitive nature, and for this reason the experiment was made. After the vessels had been ligatured, the pelotts were removed, when Hunter discovered a small vessel which had been overlooked, bleeding, and while adjusting a ligature on this one, the patient manifested more pain than during the entire operation.

Since the invention by Paré of the tourniquet, the knowledge that when sufficient pressure was brought to bear on a nerve anæsthesia would be the result was general.

Tamburini, in citing Brissaud and Richet, says they found (in the hypnotic state of the patient) that the latent contractility of the muscles of an extremity, made anæmic with the Esmarch band-

*The diagnosis of the last two cases was paralysis of the heart.

age, returned only after removing the bandage, and with the return of the circulation of the blood.

It is well known how completely a swelling dependent on obstruction to the return of the venous blood will disappear upon the application of pressure.

Anæmia, generally speaking, conveys the idea of insufficiency of blood, a lack in quantity, or better, a defect in quality. But the anæmia artificially produced in an extremity with the elastic bandage is entirely different. Here we have not only an entire absence of blood, but of all lymph and residual fluid that may be in the tissues (bone tissue is here excluded).

When the blood and serum retreat before the applied bandage, the result must be that the walls of the capillary spaces will enclose upon each other. This enclosure of the walls of the capillaries, as well as the capillary spaces in the tissue, will cause a shrinkage of all the tissue, brought under the influence of the pressure. That this shrinkage actually takes place (as it can theoretically be expected) I have proven to the satisfaction of myself, by actual measurements made of the circumference of an extremity, before and after the application of the bandage. Why we do not see any wrinkles of the skin I can only explain from the fact that the skin is elastic and can lessen its dimensions or shrink without wrinkling, and again, on the ground that the adipose tissue, where it is present in heavy layers, will be sufficient support to hold the skin smoothly. That shrinkage takes place is beyond all doubt; the question arises with us, of what value is this shrinkage in luxations? It is plain that if pressure will lessen the size of all the tissues brought under its influence, then not only swelling that may be present will partially or entirely disappear after applying pressure, but also the natural size of the tissue will be reduced. It follows then that the general swelling of the tissue, which will be reduced in size, will shrink and make the way for the returning head of the dislocated bone more spacious and easy to traverse. Nearly all local swelling of an acute nature is the result of pressure, whether the capillary vessels are enlarged by temporary paralysis of the vaso-motor nerves, or whether the capillary spaces are filled up and distended by migrating cells. The pressure may also be of the purely mechanical kind, as for instance in paraphymosis.

Any method which consists in the application of an Esmarch or an India-rubber bandage in the same way as Esmarch has recommended for amputation and sequestrotomia, has for its object first, to reduce swelling (cause shrinkage); second, to create partial or complete anæsthesia; third, to throw the muscles out of action.

To gain this object the bandage must be tightly adjusted, and its central or upper end must be brought to bear on the origin of those muscles that may pass to or beyond the dislocated joint. The method can be applied only to those joints peripheric from the shoulder and hip-joint. No physician need have any fear whatever to apply the elastic or rubber bandage as tightly as it lies in his power.

Those cases reported from Laugenbeck's clinic and elsewhere, where damage was done especially to the nerves, were due to the use of the flat tube as originally applied by the inventor. This tubing has been discarded in Germany, and the rubber bandage adopted in its stead.

The indications for the use of the elastic bandage are:

First. In those cases where a diagnosis is not possible owing to the swelling. The swelling resulting from dislocation is usually very painful, and an anæsthetic should always be used.

Second. Where, after repeated attempts with or without an anæsthetic, the reduction was not successful. In such cases we may assume that the capsule or the edges of the rent may be swollen; a bundle of fibrous or other tissue may have lodged itself between the articulating surfaces; therefore, the even pressure of the elastic bandage tends to make the parts lax and cause shrinkage. It seems to me the results with this method will be particularly gratifying when applied to the luxations of the smaller joints. (It is estimated by the different authors that from one-third to one-half of the dorsal luxations of the thumb are irreducible.)

Should a case of this nature be brought before us, and after having used mild manipulation and force without success, then the question arises, What shall we do? We can perform an operation, having for its object the severing of the tendons and other obstructing tissue, or the excision of the joint. This operation requires skill, and, like all operations, is not without danger, and the result is by no means perfect in all cases. Otherwise, the patient will be left to his fate; that is, to leave the thumb in its dislocated position. Our inability to reduce the dislocation will deprive the patient of the use of one-half of his hand.

We see this method is limited to certain joints and certain conditions. That the method is pain-

ful we will admit; but the time to resort to it is when the manipulations that are practiced by the expert surgeons have failed to reduce the luxation.

Aside from the object of this method, we think it ought to be applied in those cases indicated above, for the following reasons:

First. There is only ordinary skill necessary for its application.

Second. It can be applied in from five to fifteen minutes.

Third. It leaves *no injury behind.*

Fourth. We will by this method, in nearly all cases, save the patient the pain and risk connected with an operation that is, at its best, doubtful in its results.

To satisfy myself as to the value and practicability of the application of pressure in cases of luxations, I made a series of experiments on the elbow-joint of the rabbit. For several reasons this joint is the only one that can be used for this experiment. But even here we have such a strong capsular ligament and a long, upwardly-curved olecranon, and very high processus corono ideus, to contend with, that sometimes a fracture was much easier to produce than a luxation. I accordingly severed subcutaneously the anterior part of the capsular ligament, and in this way was able to produce a posterior luxation of the ulna. Although a luxation brought on in this way can in nowise be compared with those brought about by accident, yet my results (with the aid of the bandage) were so favorable that I feel justified in publishing and recommending this method.

As already stated, we admit that this method is painful; yet if the indications above set forth are strictly adhered to, the question of pain cannot be taken into consideration.

In conclusion I must say that should success not attend the first application of the bandage, then another similar application must be made. The central bandage must remain in its position while the peripheral one is being readjusted. Now after the readjustment of the peripheric bandage, the central one must be removed and re-applied as before.

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INEBRIETY A DISEASE.

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The editorial comments with the caption "A New View of Inebriety," in the REPORTER of November 15, upon the article of Dr. T. D. Crothers, published in a late number of the *Alienist and Neurologist*, make the opinion of Dr. C. so in accord with the views I have for a long time held upon this subject, that I cannot forego the opportunity of reporting some cases which have come under my observation, and which, in my judgment, corroborate these views.

Quite a large experience, and very careful observations with this class of unfortunate individuals, compel me to the belief that with many *inebriety is a disease*, apparently inherited and likewise contagious; and where this inherited predisposition exists, resistance to the contagion is almost beyond the power of the victim.

We see this in relation to other diseases; and why may not drunkenness be controlled by the operations of the same law?

Of many cases which present themselves to my mind, I will give only two:

1. Over 35 years ago, when a boy, I accompanied my father on a professional visit to a most accomplished gentleman and cultivated physician, then ill with what proved to be his last sickness. His constitution had been wrecked by periodical sprees extending through a number of years, but his mind was clear and brilliant, and his conversational gifts, as always, unusually fine.

On this occasion, in giving my father a history of his life, he remarked, that as long as he remanied at his home, in an adjacent county, that he never felt the desire for intoxicating drinks, and he often remained there, successfully engaged in his profession, twelve or eighteen months, without even the *desire* to indulge; but whenever occasion called him to the "old homestead," in the adjoining county, and he had crossed the line dividing the two counties, there came upon him, like a deadly nightmare, an indescribable desire for strong drink, which he could not prevent or avert any sooner or easier than he could withstand a glass of water when suffering from the most intensely burning thirst imaginable.

Now, this morbid desire would possess him as soon as he crossed the county line—at times when he had not been drinking for months, when he had all his reasoning faculties about him, and when he was struggling with himself to prevent just such a calamity as had so often and so sadly befallen him under just such circumstances. Now what was this but a contagious disease, the contraction of which, his system being ripe for it, he could not ward off any more than he could prevent an unseen attack of small-pox, or any

contagious disease to which he may have been exposed?

It is a fact, that as soon as he would recross this fatal county line on his return home, this strange disease would leave him, and he would have no thirst for strong drink, even after a terrible debauch.

This gentleman had several brothers, all of whom, so far as I know, suffered from this terrible disease, and died naturally or by violence at a premature age.

All of these parties were citizens of my native State—Virginia. Now, whether this influence is mental or physical I am not prepared to say, but am inclined to believe it is both.

2. I have now in charge one of the most highly-cultured ladies I ever met, a widow, young, handsome, and well-to-do, who is another sad victim of this dreadful malady. About four years ago I was called to see her for insomnia and extreme nervousness. We were then entire strangers to each other, and I knew nothing of her past history. I gave her a recipe containing ammonii bromid. with tr. hyoscyami; but having been recalled in the next twenty-four hours, I was informed by her mother that the medicine had made no more impression than so much water, and then for the first time I was very delicately and reluctantly told by her mother that she feared her daughter's unhappy condition was produced by excessive indulgence in alcoholic stimulation, which she used as an antidote for her grief at the death of her husband.

After this interview I went to work to gain the confidence of my patient, and to elicit from her a true history of her life in connection with the inroads of this terrible disease.

She said that until her marriage, some six or eight years previously, she was afraid to use wine or other stimulants of that kind, seeing its evil effects in the male members of her family; but her husband used wine at dinner, and his cellars were supplied with the finest imported liquors, to which she had convenient access, and the qualities of which she would sometimes test.

This unfortunate custom of her husband proved to be the Scylla of his wedded life, and the Charybdis upon which her bright young life has been wrecked. I learned from others, that before his death this contagious disease, the germs of which were latent, and which existed, I have since learned, in most of the other members of her immediate family, was developed to such an extent as almost to make an irreparable breach between them, and would probably have done so but for his early death, which was, however, in no way due to dissipation or over-indulgence. This gave her unrestrained license to feed the disease until it had produced the deplorable condition in which I found her.

Since she has been under my care, I have never seen more honest and vigorous efforts made to accomplish an end, than she has made to rid herself of this fearful curse. She is perfectly happy and contented if it is not about her, and she knows she cannot get it; but if it is in the house and she knows it, or if she passes on the street a place where it is kept, even a saloon, and thinks she can get it, she will often make the effort.

With all this burning, this terrible thirst for strong drink, she is a perfect lady, and when under its influence, her deportment shows the intuitive qualities of the lady. She will weep over and lament the terrible spell that is upon her, as if she had murdered her own beautiful little daughter.

She has a brother who is an excellent, sober citizen as long as he remains on the plantation, but whenever he goes from home, and meets with convivial friends, he has no control over himself whatever. That inebriety is oftentimes a disease —*a terrible disease*—and its victims should be greatly pitied rather than condemned and despised, I do not for one moment doubt. The great problem to solve in connection with this subject is, What is the remedy?

INVERSE TYPE OF TEMPERATURE IN TYPHOID FEVER, WITH A REPORT OF TWO CASES.*

Temperature Peculiarities in Epidemics, with a Report of Seven Cases in One Family.

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Of Philadelphia.

The classical investigations of Wunderlich, Thierfielder, and Traube, have done much to simplify the study of fever, and by their deductions they have rendered it possible for us to differentiate typhoid from all other continued fevers by its temperature alone. This universal tendency to refer a given symptom to an established, or partially established, law, has done much to lessen the interest of individual work; for those cases marking the exception are, as a rule, looked upon as complications, and slight causes are frequently brought forward to explain the apparent departure from the established rule. Dr. J. C.

*Read before the Philadelphia County Medical Society, November 26, 1884.

Wilson, in his admirably-written work on "The Continued Fevers," tells us that "marked deviations from the typical course of the temperature are always due to special causes. These causes, in many cases, cannot be discovered by the most searching investigation. On the other hand, upon inquiry, clinical facts of importance are often discovered, and it is therefore the duty of the physician, in every case when marked deviations occur, to make diligent search for their cause."

I enunciate a well-recognized fact when I state that every physician in general practice has had cases of typhoid fever where the temperature record has been irregular, when, at the morning or the evening visits, the thermometer has registered the same, or has shown some unusual feature in the evening exacerbation, or morning remission, departing in some unsatisfactory manner from the gracefully-arched curve of Wunderlich.

It has frequently been my lot to treat cases of fever having every symptom of typhoid, yet not responding to the well-marked type of temperature, as described by Wunderlich. For a long time it was very difficult to assign any cause for the variation, although it is natural for complications to disturb the rule, especially when we anticipate a typical curve in the temperature chart.

Dr. Wm. Pepper has stated, in a recent clinical lecture, that "it was the exception, and not the rule, to find a typical case of typhoid fever." Although every symptom may be uncertain, or even frequently wanting, in some cases of typhoid fever, yet I believe the temperature, the peculiar form especially, remains the most constant factor, and, as Grissinger states, it "generally controls the situation."

During the last seven months, I have had under my care a case of typhoid fever in which the temperature record corresponded to the "inverse type," as described by Traube.

Bäumler, in drawing attention to this unusual character of the temperature, states that, in the great majority of cases, the daily fluctuations follow the rule of health, the exacerbation taking place in the evening; we sometimes meet with cases where this order is reversed, the rise taking place in the morning, and the remission occurring in the evening.

This "inverse type," so named by Traube, of the daily fluctuations of a febrile temperature, has been observed in some rare instances in typhoid fever.

I have been unable to find any additional reference to this unusual type of temperature in the systematic treatises on fever; Liebermeister or Murchison do not mention it in their works, nor have I been able to find any clinical reports bearing on the subject, in any of the medical journals.

The clinical notes of my case are as follows:

Frank M., aged 14, thoroughly healthy parents, was taken ill May 15, 1884. My friend, Dr. Schoales, being the family physician, was sent for. The doctor was indisposed at the time, and I was requested to take charge of the patient. I found that the boy had been sick for two days, a slight chill occurring three days previous, and ever since he had been feverish, restless, and stupid; he had refused food and complained of headache; he had also slight nose-bleed and loose bowels. The history of the case was not unusual, having very well-marked typhoid symptoms, and was of interest in the character of the temperature alone, which was as follows:

	A. M.	P. M.	PULSE.
May 15	102⅘°	102°	100
" 16	104	103⅖	108
" 17	103½	103	108
" 18	103⅗	102⅘	112
" 19	105⅖	104	116
" 20	104⅗	101⅘	96
" 21	103⅗	102⅕	108
" 22	100	102½	96
" 23	99¼	99	96
" 24	100¼	100	96
" 25	101⅖	101	96
" 26	101¼	101	100
" 27	98⅕	99½	100
" 28	100	99⅖	100
" 29	100½	99	100
" 30	101⅗	99	98
" 31	101	97⅖	98
June 1	100¼	99	100
" 2	98	98⅖	98
" 3	98⅖	97⅖	98

In this case the boy had been complaining for a few days, according to the statement of the parents, before advice was called in. How much longer he had been ill we are unable to state, but, judging from the elevation of the first temperature (102⅘°), the case was evidently well on in the first week.

The exacerbation recurring so regularly in the morning, and the remission taking place as faithfully in the evening, caused me to watch the case with unusual vigilance. We could hardly be mistaken in the character of the fever—Dr. Schoales subsequently visiting the case with me frequently and corroborating the diagnosis; the stupid and listless countenance, the distended and tympanitic abdomen, the rose-colored spots, few, but constant throughout the illness, the gurgling in the lower portion of the abdomen, the loose

bowels, the nose-bleed, the deafness, all conjoined to render the diagnosis certain. Then the duration of the illness, while not very severe, extended over four weeks, which corresponds to the average duration of uncomplicated typhoid fever.

The treatment of the case was such as to have but little effect on the temperature, except to lower it; diet exclusively of milk and milk food; the recumbent position faithfully maintained; large and well-ventilated room, thoroughly disinfected. No drug was used likely to influence the fever, with the exception that, during the prevalence of the highest records, thirty grains of quiniæ sulphatis were exhibited in ten-grain doses, two hours apart, during the night. This was ordered on three successive evening visits. Cold-water sponging of the body was continued frequently as long as the temperature remained above 102°. We were unable to discover any complications whatever, in fact there were none; no bronchial irritation, no disturbance of the alimentary tract. The course of the fever was uniformly regular, the various symptoms occurring in their usual order, and the whole phenomena of the fever convincing as to its character, except the very important factor noticed in the *inverse type* of temperature.

The want of uniformity in the temperature record of the case just noticed, recalls the facts in a patient I had under my care nearly three years ago. The clinical notes recorded on the back of my temperature sheet at the time are briefly as follows:

Walter, æt. 7, was a well-developed boy, and the youngest in an exceedingly healthy family. The mother informed me that the boy had commenced to manifest a disinclination for food and play five days before any trouble was suspected. I was therefore called in on the evening of the fifth day. I found the little fellow quite delirious, with a temperature of 103⅖°, a full pulse of 130, respirations 26, face flushed and apparently swollen, eyes congested, skin dry and hot, bowels confined. Ordered a fever mixture.

In the morning, temperature had fallen to 100⅕°, pulse 100. The patient had relapsed into a quiet sleep during the early morning hours. The skin had become moist, On a more careful examination I found the abdomen tender, somewhat tympanitic and distended. The mother stated that there had been during the past ten days occasionally slight nose-bleed. The bowels showed a disposition to be free, yet, while not constipated, they had not been open regularly every day, now one or more free movements occurred daily. The third day, end probably of first week, if not more, the temperature, with a single exception did not go above 102°, but had a gradual decline. The interesting feature was the morning record, which was higher than the evening. This unusual feature continued for twelve days, the amount of variation was from one to one and a half degrees.

On the twelfth day, about the twentieth of the attack, the morning temperature reached 103°, without any other unusual symptom, after which it changed and ran as a typical case of typhoid fever in convalescence: morning 100°, evening 102°; morning 98⅘°, evening 101⅘°, etc.

The downward curve was thus continuing uninterruptedly until the seventeenth day, when the temperature ran up to 102° again; following this rise, the morning record marked 98°, and an intestinal hemorrhage of over four ounces of dark blood, following an unusually large fæcal movement.

The thermometer never registered a temperature after this above 100°. The case made a good recovery, convalescence slow. In this case we had a temperature curve closely following an ordinary typhoid fever chart, with the unusual exception of the twelve days of *inverse type*, with no discoverable complications to explain the cause.

I have not deemed it expedient to enter into an accurate analysis of each and every symptom of the foregoing irregular cases, knowing it to be exceedingly burdensome, yet I hope that I have sufficiently outlined the general features of typhoid, the phenomena of which are so constant as to make a diagnosis practically certain.

I wish now to present the salient points in a group of seven cases, occurring in the form of an epidemic in one family, in which the victims followed each other to bed in rapid succession, four of whom suffered very severe and prolonged relapses. All, however, eventually made a good recovery. It is not my intention to narrate these cases as especially unique or exceptional; but as taking place under one roof, and springing from one well-recognized cause, the variation in the temperature record alone became an interesting element of study.

The fever occurred in a very healthy German family; the parents, as well as the children, were free from predisposing weakness.

Case 1. Mary, æt. 13, was the first to take sick. I made my first visit to her December 6, when I obtained the following history: The patient had been complaining, for nearly a week, of weariness, chilliness, aching in limbs, back, and head,

loss of appetite, and a general disinclination to any physical exertion. I found her at 12 m., with a temperature of 104⅘°, pulse 112, skin hot and dry, puffiness around the eyes, with an injected conjunctiva, face dark and flushed. During the day, had diarrhœa, with vomiting. At 8 p. m. of same day, vomiting (continuing) of thick tenacious mucus, tinged with blood and bile; bowels were opened seven times during the afternoon. Since my morning visit, the girl has had low muttering delirium, but can be aroused by speaking in a loud voice. The back-ache was so severe as to merit especial mention, it being more pronounced than is usually found in bad cases of typhoid. The girl constantly complained of it during the first ten days. On the same evening, at 9 p. m., the thermometer had registered 105⅘°. In the morning it was 104⅘°; in the evening it was 105°. During the day and night, vomiting and purging continued nearly hourly—fifteen times, by the nurse's report.

At the end of the eighth day, the second day of my visiting, the back-ache continued violently, the hands being involuntarily placed in that region. Bowels continued loose, vomiting the same. Distention and tenderness of the abdomen decidedly marked, with gurgling in right iliac fossa, tongue heavily coated, dark and foul, sordes on teeth and lips. Vomiting discontinued on third day after taking her bed. Temperature 104⅘° in the morning, 105° in the evening; low muttering delirium, alternating with violent outbursts; three or four well-defined, rose-colored spots, at this date made their appearance on the abdomen. After the fourth day, probably the tenth or twelfth day of her sickness, the temperature did not run higher than 104⅘°, but did not fall below 102° until the eighteenth day. One very noticeable feature in this severe case was that, for two weeks, every other morning's fall was less or intermittent in character, while the evening exacerbation remained the same. During this period, there existed the wildest delirium, it being difficult at times to retain her in bed; bowels frequently moved involuntarily. The girl gained her strength very slowly; it was five weeks before the temperature approached normal, and it was ten weeks before she was able to leave her bed. She, however, made a good recovery.

(*To be continued.*)

—The city physicians of Atlanta, Ga., receive a salary of eighty-five cents a day, and furnish their own medicine.

NOTES ON THE TREATMENT OF EPILEPSY.*

BY CHARLES K. MILLS, M. D.,

Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, etc.

His remarks applied chiefly to the medicinal treatment of epilepsy proper—grand mal, and petit mal. He did not intend to refer to the treatment of convulsive seizures due to tumors, meningitis, spinal disease, etc.

As to the curability of epilepsy, some apparently authentic cases of cure were on record. After looking over the subject, he could only recall seven cases of apparent or real cure in his own practice, private and hospital. In all of these the attacks remained away for from more than one to more than three years. Gowers mentions a number of cures, at least, cases in which seizures had not recurred for as much as four, five, six, or seven years. Several of these cases were children. Three of the seven cases alluded to by Dr. Mills were children. All observations as to the cure of epilepsy were necessarily imperfect. After a number of years, the attacks recur again. Although, however, the absolute curability of epilepsy might be doubtful, certainly great benefit from treatment is to be derived in most cases. It is wrong to such patients not to treat them.

He had used the following remedies, singly, three or four times daily, in a series of cases, during the last ten years: Bromide of potassium, grs. x. to ℥j.; bromide of sodium, grs. x. to ℥j.; bromide of ammonium, grs x. to ℥ss.; monobromide of camphor, grs. iij. to vj.; hydrobromic acid, f.℥ss, to f.℥ss.; iodide of potassium, grs. v. to ℥ss.; biborate of sodium, grs. xv. to xx.; chloral hydrate, grs. x. to xv.; oxide of zinc and valerianate of zinc, grs. iij. to x.; nitrate of silver, gr. ¼ to gr. ½; tincture of belladonna, ♏x. to xv., or extract of belladonna, gr. ¼ to gr. ½; extract of cannabis indica, gr. ⅛ to gr. ¼; fluid extract of cocculus indicus, ♏j. to iij., or tincture of cocculus indicus, ♏v. to x.; nitrate of potassium, grs. v. to viij. Other remedies, which he had only used in combination with some of the above drugs, were as follows: Conium juice, f.℥j., or fluid extract, ♏iij. to x.; tincture of digitalis, ♏v. to x.; sulphate of strychnia, gr. $\frac{1}{40}$ to $\frac{1}{30}$; Fowler's solution of arsenic, ♏ij. to v.; fluid extract of ergot f.℥j. to f.℥ij., or extract of ergot (Squibbs), grs. iij. to vj.; iron, cod-liver oil, and quinine.

*Read before the Philadelphia Neurological Society.

The bromides were certainly the best remedies, and the bromide of potassium, in his opinion, stood at the head of the list. The bromide of sodium came next best to the bromide of potassium. He thought the bromides affected the nerve centres directly. The mixed bromides were better, usually, than any one of them used singly.

The bromides could be advantageously combined with other drugs. The combination which he had found, on the whole, the best for long-continued use was, bromide of potassium, grs, xv; bromide of sodium, grs. xv; solution of the arsenite of potassium (Fowler's solution), ɱij; conium juice, f. ʒss, or the fluid extract of conium, ɱiij to v. This was generally made up with syrup of orange and some bitter infusion. Another good combination, mentioned also by Gowers, was the bromide of potassium and tincture of digitalis. It was only especially valuable in cases complicated with weak heart or mitral diseases. Monobromide of camphor had no advantage over the bromides. Hydrobromic acid was efficient in very large doses, but so much water had to be given with it that the amount to be swallowed was appalling to the patient. It sometimes irritated the stomach. Borax was not of established value, but helped a few cases temporarily. He found the iodide of potassium, unless especially indicated, had little value used alone in the treatment of epilepsy. Chloral hydrate is not of much value when given alone, but with the bromides, in cases uncomplicated with cardiac disease, sometimes makes a useful combination. Trousseau's belladonna treatment had been used without noteworthy success. Cannabis indica was not to be depended upon. He had tried cocculus in six cases at the Philadelphia Hospital. None improved, and four were made worse by its use, one of the four becoming insane while taking the drug. At the request of Drs. Reichert and Hinsdale, he had used the nitrite of potassium in seven cases. Of these, only one seemed to be benefited, and some were made worse by its use. When the bromides had to be stopped, the zinc salts or the nitrate of silver were the best substitutes; but they could only be relied on for a short time.

The way to treat epilepsy, in his opinion, was to simply have a plan of treatment, and carry it out over a series of months or years. He would, for instance, first put a patient upon a single bromide, say fifteen grains three times a day, to be increased until a decrease in the number and severity of the paroxysms was produced. He kept him upon this perhaps for a month. He then used the mixed bromides, or some combination of bromides with other drugs, preferably the bromides, arsenic, and conium prescription. He watched the condition of the patient, and, if necessary, put him on cod-liver oil, quinine, or iron. With reference to nitrates, bromates, etc., he said that there was probably some chemical or chemico-physiological reason for inefficiency. The *ites* and *ates* would probably *never* give as good results as the *ides*. Dr. Mills believed with Dr. Pepper (Med. and Surg. Reporter, January 12, 1884), that close attention should be paid to every point in the daily life of an epileptic—to diet, rest, and hygiene—but he did not, with his present experience, believe that a genuine case of thoroughly-developed epilepsy could be cured, or even greatly benefited, without drugs. Harm, however, might be done by over-use of drugs.

Among the surgical and external means of treatment he had successfully used, were, excision of cicatrix, removal of neuroma, actual cautery, and blistering to the neck or head. He said he did not use counter-irritation to the scalp, but was a strong believer in the actual cautery, used after Brown-Séquard's method, to the nape of the neck.

Hospital Reports.

NOTES FROM THE PHILADELPHIA HOSPITAL.

(Specially reported for the Medical and Surgical Reporter.)

Service of Dr. W. H. Parrish.

December 13.

The Management of a Miscarriage.

Dr. Parrish presented to the class a woman who had been brought into the hospital one week before, with the history of a miscarriage. She was a reliable married woman, whose testimony could be believed. She gave the history that she was four months pregnant, when, going about her household duties, she received a blow on her abdomen, which was the exciting cause of the miscarriage. She did not go to bed either before or after the escape of the fœtus; she broke the cord herself, and continued about her household duties for three weeks with the placenta still in the uterus. She was *not* attended by a physician. During this time she had aches and pains, but very little hemorrhage. Three and a half weeks after the miscarriage, the pains became much more severe; there was considerable hemorrhage, and she was obliged to take to her bed, when she was brought into the hospital. After admission, the hemorrhage became so severe that her life was, for a time, in danger. This was controlled by a tampon saturated with Monsel's solution, placed in the vagina—*not introduced into the cervix*—where it was left for two or three days.

When Dr. Parrish saw the patient, her temper-

ature was 102°. Believing that there was something in the uterus, he removed the tampon and found old clots, undergoing decomposition, in the fundus of the vagina. The os uteri was patulous, and upon introducing his finger, he felt something in the uterus, which he concluded to be either placenta or old clots. The patient was then etherized, and while the uterus was pressed down with one hand on the abdomen, two fingers of the other hand were introduced, and the foreign body, which proved to be the placenta, was removed. After this, the uterus was injected with hot water (112°–115°), which temperature could be raised if the patient is etherized. He also used an injection of corrosive sublimate, 1 to 2000. The patient was then put to bed, without any special treatment, for a few hours. Within twenty-four hours the temperature fell to 99°; there has been no pain, no offensive discharge, and the patient is doing well. The lecturer considered that this case teaches us that the placenta at the fourth month can remain in the uterus for some weeks without producing serious symptoms, *but that it will produce serious trouble before it comes away.* He considers it criminal to let the placenta remain until bad symptoms develop, as has been taught by some authors. As an expert, he would call such action *malpractice.* He related the case of a woman where the placenta was left after a miscarriage. Four weeks subsequently, she was seized with severe hemorrhage; but even then her attending physician failed to remove the decomposing placenta. Four days later, Dr. P. was called in consultation; the woman was moribund; the placenta was removed, but the patient died.

The lecturer considers no practice so fallacious as the use of *drugs* for the purpose of emptying the uterus, more especially of a placenta. The weakest portion of this organ is that to which the placenta is usually attached, the strongest being that which includes the contracting fibres of the cervix. Hence when we give ergot, we close up the cervix and incarcerate the placenta; and we also render the introduction of the finger, for purposes of examination, next to impossible. He would not leave the placenta in the uterus more than an hour after a miscarriage.

Puerperal Mania.

Case 2. Woman, aged 38, admitted December 3; had been in labor for 24 hours; two hours later was delivered of a male child weighing eight pounds. This was the third pregnancy; all previous ones normal. There was some hemorrhage (slightly more than normal, but not severe), which ceased when the placenta came away. She seemed heavy, stupid, and disinclined to answer questions. For some days her physical condition was good, but on December 8 her temperature rose to 100½°. There was some abdominal tenderness; no chill. Her bowels were moved and quinine given, with poultices to abdomen. The temperature fell. On the evening of the fifth day she had a convulsion, which yielded to chloroform inhalations. During the night she was given 60 grains of bromide of potassium and 20 grains of chloral. On the sixth day her condition is not improved, and it is noted that she is becoming more violent. Hydrobromate of hyoscyamin was used hypodermically without any appreciable effect. Her urine was found to be alkaline, and there was no albumen. Upon inquiry it was found that a brother of this patient has been an inmate of the insane department of this hospital since 1862. The woman herself had been a respectable married woman, living happily with her husband for some years; the latter had recently died, and she had become this time illegitimately pregnant. She had entered the hospital without the knowledge of her family, and her clouded mental state prevented the gathering of her family history. These facts Dr. P. considers, combined with the history of insanity in her family, would account for the mania. The association of Bright's disease and puerperal mania are rare, mania being notably absent in the puerperal form of this disease. Puerperal mania is not necessarily maniacal in its character, it may be melancholic, but it most commonly shows a tendency at times to maniacal excitement. This woman at times becomes enraged, though she is generally quiet and under the influence of illusions and delusions. In this case the prognosis, so far as mental restoration is concerned, is not favorable, owing to the family history. There is, of course, no danger to physical health nor to life. When there is no inherited taint, these cases usually recover entirely in from two to six months. If the mania partakes of a hypochondriacal nature the prognosis is bad, for these cases rarely get well; they are apt to have strong suicidal tendencies, and must be carefully watched. In the majority of cases, opium is contraindicated, because it increases the quantity of blood in the brain and augments the excitement; even if it does produce sleep, the patients are apt to awaken in a state of greater excitement than before. When there is depression or melancholia, or if there be associated peritonitis or active pelvic inflammation, opium may be administered; but these are the only conditions in which Dr. P. would consider its use justifiable. He much prefers chloral; giving *one full dose* at bedtime, instead of smaller doses repeated. The first night he would give ten grains of chloral and forty grains of bromide of potassium in a single dose at 9 o'clock. If this does not suffice, he would give the next night thirty grains of chloral, but he would never exceed this dose; though if the desired effect is not produced, fifteen grains may be given in four hours. During the day he uses the bromides. In puerperal mania it is always well to look after the kidneys and bowels as well, indeed, as for latent disease all over the body.

DR. JOSEPH NEFF.

Uræmic Coma.

The lecturer brought before the class a case, not because, as he said, he "knew so much," but because he "knew so little" about its nature, and he desired to make a diagnosis before the class. The patient was a colored girl who had been brought into the house in the ambulance in a comatose state, having been picked up somewhere on the highways. There could be obtained absolutely no history, and Dr. Neff proposed, by a process of exclusion, to endeavor to reach a diagnosis. The first thing noticed is a general muscular twitching, not confined to either side. Sensa-

tion is not lost; indeed, there is rather hyperæsthesia of the surface. The pupils are normal, and respond to light. There is no paralysis of the arms or legs, the mouth is not drawn, there is no ptosis, and reflex action is perfect. If this was a case of *apoplexy*, we would be almost sure to have paralysis somewhere, and stertorous respiration, while muscular tremor would be unusual. It might be a case of *syphilitic gumma* of the brain; but the glands are not enlarged, and there are no suspicious scars on any part of the body. In *hysterical coma* you can bury a needle in any part of the body without response. In *catalepsy* there is rigidity of the muscles, the eyes are usually open, and the limbs remain fixed in whatever position they are placed, no matter how awkward the position may be. The patient's pulse is now 92; it was only 80 when she entered the house. The lungs are free. There is considerable albumen, and Dr. Neff is inclined to call this a case of uræmic coma, though one important point is wanting; in uræmic coma the temperature is generally below normal, while in this case it is 101°. However, he accounts for the high temperature by supposing that the girl must have been very sick for some time (some days at least before her admission), and that the constant muscular twitchings, along with the want of food and care, could produce this elevation. There can be no effusion in or on the brain, for there are no signs of compression.

Treatment.—The bowels must be opened freely. She must be made to sweat by wrapping her in blankets, and surrounding her with bottles of hot water wrapped in cloths wrung out of water. Give pilocarpine hypodermically, $\frac{1}{16}$ to $\frac{1}{4}$ of a grain. When she can swallow, give calomel in small and repeated doses. If she gets worse use croton oil.

DR. JOHN M. KEATING.

December 17.

Cerebral Pneumonia.

Patient, little less than a year old, has been in the house for three months. The parents are apparently healthy, but have already lost three children from some brain trouble. On November 29, the child became restless and cross, with a temperature of 100°. It was given a simple fever mixture. The next day the restlessness increased, and it was rolling its head; but there was no convulsion, no cough, and the eyes were normal. Quinine was ordered by suppository, with mustard foot-baths, and the fever mixture continued.

On December 1, the temperature was 104$\frac{4}{5}$°. General baths were now ordered, and to the other treatment, bromide of potassium was added.

December 2, the temperature was 103$\frac{2}{5}$°; there was vomiting, great restlessness, and hyperæsthesia. Some cough was now noticed for the first time, for which carbonate of ammonia, syrup of ipecac, and paregoric, were ordered.

On December 3, some dullness was noted at the apex of the left lung. The respirations were quick and short, and the pulse very rapid, out of proportion to the temperature. Here, then, we had a case of pneumonia, giving rise to and ushered in by the cerebral symptoms, that would be very apt to mislead the physician. Cerebral pneumonia is usually located at the apex of the lung and confined to one side, and it is often impossible to discover it until consolidation has taken place. The treatment, in addition to that already described, consisted in the use of jacket poultices, then a *cotton* jacket, and quinine by the mouth, in syrup of yerba santa, when the suppositories commenced to irritate the bowels.

In children's practice, we should always study the temperature. When we find it ephemerally elevated, it is of no moment; for any slight cause, such as indigestion, or catarrhal troubles (so common in this abominable climate), or slight restlessness, or, indeed, anything upsetting the nervous system, may run the temperature up to 104°; but when we have it persistently elevated, we know that there is some inflammatory lesion of a more or less serious nature. This is an important point, because parents are apt to worry and get very much frightened when the baby has "fever;" so it is well to bear this distinction in mind.

To reduce high temperature, when due to some lesion, we can employ hot foot-baths and quinine, by suppository, when the stomach is irritable, using always the sulphate. He gives quite large doses, and that persistently; that is, he would give 1, 1½, or even 2 grains every 3, 4, or 5 hours until the temperature is reduced and kept down. We may use a full warm bath, but be careful not to have it too warm, for it does sometimes happen that babies are dropped into water hot enough to scald them. Wrap the child in a blanket, gently lower it into the water, and keep it there for ten or fifteen minutes. We do not want a shock. This warm water will draw the blood into the cutaneous capillaries, where it will be cooled by the subsequent reaction; just as the reaction from cold water will make us warmer. While the child is in the bath we may apply cold to the head. When you suspect that the high temperature is prodromic of a specific fever, the liquor ammonii acetatis is an excellent drug with which to combat it. In cases such as the one described we are very apt to suspect scarlet fever; and the treatment just mentioned will be very appropriate, and will aid materially to bring about the eruption. The medical treatment of high temperature is very simple, but exceedingly important. High temperature, thermic fever, sunstroke, or whatever you may choose to call it, can cause death in a child as well as in an adult. He has never used *cold* water with children, though he has with adults. It is recommended by some authors among children, but he considers it dangerous, and besides does not think it necessary to use very cold water; water *comparatively* cold, that is when the temperature of the body is 104.5°, water at 90°, 80°, or even 70°, while not *absolutely* cold will be *comparatively* so, and will answer every purpose without being dangerous. Parents will oftentimes object to putting a sick child into a bath-tub, considering such a measure harsh. To overcome this scruple, you can place two chairs face to face and lay a blanket over them. Saturate this blanket, and placing the child on it, cover with another blanket; in this way we get constant evaporation. Sometimes the fear of the bath may be allayed if the parents know that it is medicated, when it seems less

harsh; so that we might put a little vinegar in the water.

Diet.—In these cases of high temperature, and particularly in the continued fevers, the digestive juices are nearly absent, and the mucus in the bowels so interferes with their action that ordinary milk cannot be used. Whey is recommended by some, but Dr. K. does not consider it very nourishing. Condensed milk he considers to be a mighty poor food. Pancreatized milk, in his judgment, has solved the much-discussed problem of the artificial feeding of children, for he does not believe that it will ever be possible to find a food more perfectly adapted to the stomachs of children, and indeed he does not think that there is any occasion to ask or look for a more suitable food. To prepare this milk, he operates as follows: In a gill of water he dissolves five grains of extractum pancreatis; to a pint of milk, at a temperature of 110, he adds this solution. The pancreas is first put in water, because it contains a curdling ferment, that is weakened by water. It is not necessary, as some have stated, that the milk and pancreatine should be allowed to stand for some time. The baby's bottle can be filled with milk, put in warm water to raise the temperature, the solution of pancreatine added in proper proportion (the gill to the pint as already stated), and used at once.

DR. H. C. WOOD.

The Hygiene of the Aged.

In order to illustrate his remarks on the care of the aged, Dr. Wood presented to the class two cases, the first one of *senile gangrene* in a man aged 77; the second, *senile dementia*. After eliciting their histories, he sent them out of the room, with the very wise remark that all you can do for these cases is to make them comfortable while life lasts, and he then went on to make a few remarks about how to make such life comfortable, and how to retard as long as possible the downward course of senile decay. He relates the history of an old man, who had come to him ten years ago and told him that while he could not expect to live forever, he yet wanted to live as long as possible, and asked Dr. Wood to endeavor to prolong his life; he undertook the task, and the old man is alive to-day, at eighty-five years of age, the lecturer considering him altogether *too good a patient* to let die. Dr. Wood tells us that very many old men die of exposure, which after all is but a relative term, since a young robust man may wade half a day in the water for partridges, or lie out in the biting cold in a sink for ducks, and it will not constitute exposure; whereas the draught from an open door may mean fatal exposure to the waning energies of an old man. Dr. Wood believes that every person 75 years old, or less, if their vital powers are failing, should wear a *buckskin* jacket, which he very much prefers to flannel or silk. He thinks that nothing will compare to it to prevent the little chilling of the surface, which means a dangerous internal congestion in the aged. Old persons should spend many hours in bed. Their food should be light, but nutritious, using meat sparingly, and relying chiefly upon milk, as they did at the other end of their journey through life. Especially must they guard against exposure to high winds, for this cause can claim its ten thousand victims among the aged, when dampness and its results must be satisfied with one thousand. Especially are high winds to be avoided when the body is heated. Dr. Wood quoted the case of the late Rev. Dr. Beadle, who, coming out from his warm church on a windy day, had hardly walked a square when he was seized with great oppression about the chest, and died very shortly from congestion of the lungs. Alcohol and opium are useful agents to prolong the life of the aged; if you can make your ancient patient an opium-eater you will prolong his life; but you must order the opium carefully, and it is just as well not to let him know what he is taking. Dr. Wood has a patient who has been taking opium suppositories at night for ten years, commencing with one grain; they now contain two and a half grains, and he takes a little morphia through the day. Every old man ought to take some form of alcohol at meal time; by studying the digestive processes we can determine what form will be the best. It is very essential to stop any acute attacks in old persons, and in five cases out of six this can be accomplished by putting them to bed and using opium.

MEDICAL SOCIETIES.

PHILADELPHIA NEUROLOGICAL SOCIETY.

Discussion on Epilepsy. (*See page* 104.)

The discussion was opened by Dr. E. T. Reichert. He said that the efficacy of the bromides was certainly not due to the bromine, for bromide of potassium is the best of the bromides, and it contains less bromine than any of the others. The amount of bromine in the chief bromides, as given by Gowers, is as follows:

Bromide of ammonium	81 per cent.
Bromide of potassium	67 per cent.
Bromide of sodium	77 per cent.
Bromide of lithium	92 per cent.

All the bromides act alike, but with varying degrees of efficiency. The bromates, nitrites, etc., are not as useful as the bromides. A certain line of similar chemical salts seem to give uniform physiological and therapeutical results.

Dr. Guy Hinsdale said that, in regard to the cases in which Dr. Mills used the nitrite of potassium, some four years ago, one was benefited, some remained the same, while others were apparently made worse by its use.

Dr. Wharton Sinkler wished to know if any of the members of the society had used hyoscyamus, and with what results. He said that Althaus, of London, reported cases in which tincture of hyoscyamus had been used successfully, in doses of from one, two, or three drachms. He said that he had reported one case of epilepsy which had been greatly benefited by cannabis indica, after the bromides and other remedies had failed.

Dr. H. M. Wetherill said that, in his experience, the bromide of potassium was the best remedy. He said he had never tried the tincture of hyoscyamus. He had never seen a case of epilepsy entirely recover.

Dr. F. Dercum said that his experience was

summed up in the statement that he had found the bromides the best.

Dr. Morris Lewis spoke of the cure of a child, three years old, at the Episcopal Hospital, in which he could obtain no results with the bromide of potassium. The seizures continued, and were worse, if anything. He then resorted to bromide of ammonium, and with immediate good results.

Dr. J. H. Lloyd said he thought that in cases of epilepsy attention to the digestive functions and to sleep were highly important. He called attention to the observation of Dr. Radcliffe, that epileptics have a tendency to over-eat and to sleep too much. In his own experience he had found that when constipation was present the seizures were likely to be more frequent and severe. Dr. Radcliffe and other English physiologists seemed to prefer comparatively small doses of the bromides long continued. Dr. Lloyd believed the combination of three bromides with the iodide of potassium to be one of the best in the treatment of epilepsy.

Dr. A. J. Parker said he believed we could not say that the effect of a drug like bromide of potassium, bromide of sodium, etc., was due either to the bromine, or potassium, or the sodium, etc. Each of these salts is an individual drug, each molecule of which has its own form of motion. Bromine is a substance with its own peculiar molecular condition of motion. Potassium, similarly, has its own motion. Bromide of potassium is the resultant of the two motions. Certain members of the same chemical families, as the bromides, iodides, and chlorides, would seem to go together in therapeutical efficacy, due to similarity of their forms of molecular motion. At any time, we may expect, however, to find wide differences, since our chemical equations simply represent an idea of structure, and tell us nothing concerning the form of molecular movement; and therapeutic effects must certainly depend more on the energy and form of motion than upon any other qualities.

Dr. E. T. Reichert made a few remarks on the use of *Hydrobromic Acid and the Bromides in Sea-sickness.*

He said, while crossing the ocean, he had the opportunity of studying the effect of hydrobromic acid and some of the bromides in sea-sickness. Hydrobromic acid was effectual, but had to be used in such large doses that, owing to the dilution with water necessary, the bulk to be taken was excessive. The bromides were, therefore, he thought, to be preferred. Bromide of sodium, in large doses, was effectual in one bad case. He believed that all the bromides were good.

Dr. J. M. Taylor spoke of the use of *Nitrite of Potassium in Angina Pectoris.*

In an aggravated case of angina pectoris, he had obtained very good results with nitrite of potassium. The patient had been suffering for over a year with paroxysms of increasing intensity, until death seemed imminent. After giving the nitrite of potassium for four weeks, the patient recovered. Nitrite of amyl was used sparingly to control the paroxysms.

LEWIS BRINTON, M. D., *Recorder.*
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EDITORIAL DEPARTMENT.

PERISCOPE.

The Mullein Plant in Pretubercular and Advanced Phthisis Pulmonalis.

Dr. F. J. B. Quinlan, who has been advocating this drug for some time, read a paper on the subject before the last International Medical Congress, which we reproduce from the *Dublin Jour. Med. Science*, September 1, 1884:

In the collection of ancient Irish manuscripts contained in the library of the Royal Irish Academy are several medical treatises in which the mullein plant is strongly recommended in pulmonary disease. In fact, the first word of its Celtic name, *cumeal mhuipe*, means "good for pulmonary complaints." From time immemorial the Irish peasantry have regarded this plant as an unfailing cure for consumption; and thus it is that an herb, which in England, France, and German is a mere wild weed, is in Ireland carefully cultivated on a very large scale. It is in constant demand, it is advertised in all the journals, and, in fact, forms an article of ordinary commerce. There are five mulleins, all belonging to the natural order of scrofulariaceæ; but the one in question is the verbascum thapsus, or great mullein, which is known in France as the *molène bouillon blanc*, and in Germany as the *kleinblumiges wollkraut*. It is a hardy biennial plant, with a strong stalk from half a metre to two metres high, with thick woolly and mucilaginous leaves, and a long flower spike with numerous yellow flowers, the smell of which is not disagreeable. The best results are obtained with the green leaves, which can be procured during seven or eight months of the year; but excellent effects are produced by the dried leaves also. By cultivation under glass the mullein can be had fresh during the winter; and this is important, as will presently be seen.

The method employed by the Irish peasantry is to take one hundred grammes of the fresh green leaves (or about thirty of the dried) and place them in rather more than one litre of fresh cow-milk. This is brought to a boil, and allowed to stand for ten minutes. The hot fluid is then filtered, is slightly sweetened, and is drank while warm. This whole quantity is taken twice or, in some cases, three times a day. It has a soothing pectoral effect, and, after a little time, is much liked by the patient.

Although in such popular repute, and in such extensive use, the mullein is not in the pharmacopœia, nor was it regularly recognized by the medical profession. It appeared to me that it would be well that the matter should be properly

investigated, and accordingly, during the last two years, I have treated a series of cases of pulmonary consumption in all its stages—127 in number—with the mullein leaf solely, with one trifling exception, which I shall presently notice. This procedure gave the most unbounded satisfaction to the patients, who implicitly believed in the remedy, and co-operated zealously with me in its use. Previous to commencing treatment each patient was carefully weighed, and this weighing was repeated every week, with great attention to uniformity of conditions as to time, clothing, meals, etc. The symptoms and physical signs of each patient were accurately noted, and the results tabulated. The conclusions to which I have arrived are as follows:

1. In the early and pretubercular stage of pulmonary consumption mullein has a weight-increasing and curative power greater than that of cod-liver oil, and nearly equal to that of Russian koumiss. It has been experimentally proved that this is due to the mullein, inasmuch as the milk alone fails to accomplish the same results.

2. In cases in which tubercles are well established, or cavities exist, the mullein has a great power in relieving cough. In fact, such a patient taking it requires no mixture at all, and every practical physician will recognize the great boon which this power confers on the phthisical sufferers, whose stomachs are often hardly able to receive sufficient alimentary sustenance. Indeed, the mullein milk is looked on by them more as a food than as a medicine. In persons of very feeble digestion, heaviness is often experienced after so much milk. This, however, can be completely relieved by allowing the boiled mullein milk to cool down to 50° C., and adding a teaspoonful of Benger's pancreatic fluid. It should then be left under cover for ten minutes.

3. Phthisical diarrhœa is completely obviated by the mullein. This is, no doubt, aided by the milk, but also occurs when the mullein is prepared with water.

4. All the symptoms of pulmonary consumption can be combated by the mullein, except colliquative perspirations—over them mullein has no influence; and in my cases I principally employed the hypodermic injection of the atropia sulphate. This is the exception to the sole mullein treatment to which I have already alluded.

5. Mullein smoke applied directly to the respiratory passages has a great effect in relieving irritation and spasmodic coughs, and coughs in general. The dried leaves of the mullein are broken up fine, and are smoked in an ordinary pipe, either pure or mixed with a little tobacco to flavor them. Wheeler and Whitaker, of High-street, Belfast (Ireland), prepare very elegant cigarettes for this purpose. These are of two kinds: (1) mullein, flavored with a little Turkish tobacco; (2) for those to whom tobacco is disagreeable, mullein, flavored with a little oil of cascarilla.

I now exhibit both varieties of these cigarettes, as well as specimens of the mullein plant.

Koumiss can be had only where the mare is a regular milch animal; because, for chemical reasons, the milk of the cow does not make proper koumiss. Cod-liver oil is very disagreeable to take, and the quantity which is taken in all civilized countries, notwithstanding the wry faces generally made while taking it, by patients of all nationalities, is the surest testimony of its merit. It is, in my opinion, inferior to the mullein milk as a weight-increaser. It does not arrest cough, and it often does the contrary of arresting phthisical diarrhœa. Lastly, it disgusts the feeble stomach very much—to such an extent that many patients are entirely unable to take it. In the whole course of my experiments I met no patient who could not take the mullein, and scarcely any who disliked it.

I will conclude this paper with two typical cases of the cure of two patients who were suffering from early but undoubted pulmonary consumption. Both these patients are now alive, and in robust health, and I visited both just before leaving Dublin.

Case 1. Helen S., aged twenty, single, a governess, residing in Dorset street, Dublin, suffered 18 months previous to her admission into St. Vincent's Hospital, from inflammation of the left lung. Her health fell away, she coughed, became emaciated, and the catamenia ceased. She had slight dullness over the apex of the left lung, and auscultatory phthisical signs. She weighed 110 English pounds. In five weeks she increased to 119 English pounds, all symptoms disappeared, and the catamenia returned during the treatment.

Case 2. Elizabeth B., aged eighteen, single, a dressmaker, residing in Gloucester street, Dublin, had been ailing for four months. She coughed, and once had slight hæmoptysis. She lost flesh, and the catamenia ceased. On admission into St. Vincent's Hospital, I detected slight dullness over the right clavicle, and stethoscopic evidences of early consumption. She weighed 90.25 English pounds. Soon after beginning the mullein treatment, the catamenia returned, and after six weeks of it she had increased to 102.75 English pounds, with evident recovery. She was now sent to our convalescent department in the country, when I directed her to get cod-liver oil and discontinue the mullein. For thirty-three days she took a tablespoonful of cod-liver oil twice and sometimes thrice daily, and increased 7.50 English pounds only. This was the more remarkable, as, while taking the cod liver oil, she had the aid of fresh air, sufficient exercise, and an abundant diet, of which she took ample advantage.

The above two cases are typical of about fifty instances of early consumption in which complete cures were effected. It is worthy of remark that very young mullein leaves have a dangerous resemblance to young foxglove—so much so that I have known an experienced gardener to put a young plant of the latter into a mullein bed. Of course, as soon as the poisonous intruder grew a little he was detected and expelled. Full, or even half-grown mullein and digitalis are not the least like each other. Dr. Ernest Knowling, of Tenby, South Wales, England, reported to me a case where belladonna leaves got accidentally mixed with mullein, and produced serious but, happily, not fatal results. I saw myself the leaves and flowers of the belladonna which had been picked out of that parcel, and they were further identified by Mr. Holmes, Botanist to the Pharmaceutical Society of Great Britain. We investigated this case, and found that the mistake

arose from the highly reprehensible practice which prevails, even in some most respectable drug-stores, of allowing dried poisonous leaves to be lying about in the same loft with non-poisonous ones. No person, however inexperienced, could mistake fresh belladonna for fresh mullein; but when leaves are dried and curled up it requires an expert to distinguish many which, when green, are quite unlike. The above are the only troubles which have come to my knowledge connected with the use of a valuable remedy of which I solicit the consideration of this Congress. I feel that I lay myself open to much criticism in coming forward here to announce a specific even for early and pretubercular phthisis; for I am aware that many think but little either of cod-liver oil or koumiss.

The power of the mullein is soothing the downward path of the advanced sufferer is of lesser consequence; for, did it not exist, there are many other ways of accomplishing the same object. My only apology for the position I take is this—a high standard of ancient native culture perished in Ireland amid a sea of national woe; and, from my boyhood, I have seen the humbler classes of a whole nation cultivating, believing in, using, and paying for a remedy which elsewhere was, in modern times, regarded as a mere weed. It appeared to me that a whole nation using a remedy for centuries, and, no doubt, judging it by results, could not be wholly wrong. I approached the subject without any preconceived opinion, and had the result of my research been unfavorable, and the opposite of what it was, I had determined to announce it as such. All that I ask for this remedy from my esteemed colleagues here is to try it in a similar spirit, and I have no expectation of their taking any other course.

The History of Blood-letting.

In the *Med. Press*, Dec. 3, 1884, Mr. Brinton briefly sketches the history of blood-letting as follows:

"The first recorded case was one which occurred at the close of the Trojan war, and is referred to in the works of one Stephanus, of Byzantium. The origin of the practice was attributed by Pliny to the Hippopotamus on the Nile. The words of the translation of Philemon Holland (A. D. 1601) were given in their entirety. A short account of some of the views of Galen on the subject was given, and it was shown what opposition his views on the subject of blood-letting called forth, chiefly from the blind followers of Epasistratus, who preceded him by about 400 years. The change of practice which has recently taken place was shown to be due—1. To the discovery of chloroform, which, in many surgical cases, does that which before could only have been accomplished by copious depletion; 2. To a more inquiring mind, which began by trying the experiment of watching the natural history of those diseases which previously had been treated by bleeding according to tradition. The author disclaimed any such excuse for its discontinuance as that occasionally brought forward, viz., change of type of disease as well as of mankind. He would discuss blood-letting chiefly in respect of the treatment of uræmic, puerperal, and epileptic convulsions, apoplexy, bronchitis, dilatation of the right heart from valvular diseases, pneumonia, and thoracic aneurism. The utility of the practice in most of these diseases was illustrated by cases. With regard to uræmia, cases showed that blood-letting had a marked action in reducing the amount of albumen present in the urine. In one case the total amounts of albumen in the urine, of two periods of twelve hours, immediately before and immediately after venesection, were 75 and 30 grains respectively. Recorded cases also showed that it was often called for and successfully practiced in puerperal eclampsia. Two cases were brought forward illustrating this. In apoplexy it might be called for during the period of reaction, never before; the guide to the condition of the artery in the brain being the state of tension of the pulse of the wrist. Any lowering of tension of the arterial system might allow the formation of a clot in the ruptured artery and check the increase in amount of the effused blood. Allowing that in apoplexy there was cerebral anæmia, the only effect which a rapidly-increasing effusion of blood would have, must be increasing strangulation of the circulation of the parts near it, and limiting the effusion would tend to prevent increase of strangulation. In diseases of the valves of the heart leading to a dilated right ventricle, general bleeding, when other remedies had been tried and failed, was of signal service. In these cases the effect was simply mechanical, and an irregular and empty pulse was the indication for blood-letting. This application of blood-letting was quite in antagonism to older teaching, inasmuch as formerly it was practiced when there was an 'inflammatory' pulse, mainly with the object of limiting the inflammatory process. In some cases of pneumonia, when, about the time of the crisis, there were signs of a failing heart, blood-letting should be cautiously tried, as in cases of this kind the cause of the failure is obstruction between the right and left sides of the heart, leading to an impossibility of the right side drawing enough blood to fill the arterial system. Bleeding in bronchitis with the same object, viz., that of relieving the right side of the heart, was often necessary, and should be done without regard to the tumultuous and irregular action of the heart, as this was due to the causes mentioned above. In the treatment of thoracic aneurism, bleeding has undoubtedly prolonged life. A case was quoted in which a man had an aneurismal swelling on the front of the chest, absorbing the costal cartilages and ribs for fifteen years; he died at the age of sixty-five, having been bled over 160 times. With regard to local blood-letting by leeches, the indication for its use was pain, such as the pain in a dry pleurisy or in cases of perityphilitis. In conclusion, the precautions necessary in the operation were briefly mentioned, and it was pointed out that in many cases in which bleeding was necessary, the cutaneous veins of the arm were impracticable, owing to deficient circulation through the limb. In these cases the external jugular was always available."

An Unusually Severe Case of Syphilis Acquired Without Any Primary Sore.

The following unusual case is reported in the

Lancet, December 13, 1884, by Dr. Stenson Hooker:

"The subject of the case, whom I will call A. B——, is a medical man, aged thirty, practicing in a small country town where cases of acquired syphilis are anything but common.

"A. B—— has always led a strictly sober and chaste life. He was in his usual health in February last, when a gentleman's servant presented himself at the surgery to be treated for a thin, watery discharge from the urethra and nocturnal emissions. There was a very insignificent sore under the glans penis, so small indeed that it could only be called an excoriation. A. B—— examined this carefully, and resolved to leave it to take care of itself, the result being that it healed up in a fortnight. The other symptoms were treated, but not syphilitically, and the patient so far improved that towards the end of the month he ceased to attend. In about seven weeks after this, A. B—— began to suffer from very severe frontal headache, both night and day, but worse at night. This increased in severity, and soon partook of a constant stabbing, lancinating character. It was thought that he needed rest and change. No idea of the real nature of the case was yet suspected. Had he had a scratch on the finger, to say nothing of a sore, the true cause of the pain would probably have been divined: but he emphatically avers (and the averment may be implicitly relied upon) that for some years past he has not had any lesion of the skin in any part of the body, and has run no chance of being syphilitically infected, excepting by the servant mentioned above. He now went to the seaside, and a few days afterwards general periostitis of the skull set in, and was so aggravated that the whole head was a mass of nodes of the size of walnuts, the pain being most excruciating. At this time he was closely questioned by a medical friend as to any possible way whereby his system might have been poisoned with syphilitic virus; but after what has been said I need scarcely add that the malady could not be traced to a primary sore. General cervical cellulitis appeared next, with great enlargement of the post-cervical glands; there was now also (about six weeks after the commencement of the headaches) a lichenous rash which covered in a uniform mass the whole of the trunk and extremities; simultaneously with this the tonsils were badly ulcerated, and it was not till then that A. B—— could be got to acknowledge that he was suffering from any of the symptoms of that protean disease, syphilis. Iodide of potassium was now taken vigorously, and the pain gradually abated. He was at this time returning to his work, and on his way consulted in London one of the greatest authorities on this particular disease, the throat being still ulcerated, and the rash only beginning to fade. This gentleman told him that there was not the slightest doubt as to the nature of the malady, and carefully examined him for evidence as to primary sore, but none, of course, could be detected. Mercury-with-chalk pills were ordered, and under this treatment the throat rapidly improved and the rash disappeared by desquamation; but for the next twelve months A. B—— suffered from deep fissures and recurrent ulcerations of the tongue, with congestion of the ciliary vessels of the eye, and loss of hair.

"Now, I can most conscientiously aver that this medical man presented himself as a sad example of one in whom, in spite of all his symptoms, there had never been any primary affection; through what particular channel the poison was absorbed is still, and must, as far as I can see, remain a complete mystery; that he never had a chancre I can again most positively aver. A. B——'s patient, it should be said, returned for treatment, this time suffering from the same unmistakable syphilitic symptoms."

Caseous Pneumonia of the Entire Lung.

Before the Pathological Society of London (November 4, 1884), Drs. Lanchester and Hobson showed the lung and microscopical sections from this case. The patient died seventeen weeks after an acute attack of chest disease. The symptoms and physical signs were those of an empyema of the left side, including marked bulging and displacement of the heart to the right. Upon this diagnosis the chest was punctured in several places, and also incised, but with negative result. A drainage-tube was, however, inserted in the wound, which continued to discharge sero-pus to the end. A spontaneous opening formed subsequently at the seat of one of the punctures in the axilla, and purulent fluid continuously drained through this. The surgical treatment was strictly antiseptic. A few days before death, symptoms of tubercular meningitis came on. After death there was found to be no pleuritic effusion, but the whole of the left lung was solid, distended, and filled with dry, caseous material, which, however, had softened down and left a cavity in the superficial parts of the upper lobe corresponding to the axillary opening. The artificial opening simply led into a blind channel in the lower lobe. The right lung was studded with miliary tubercles. There were also tubercles in the liver, which was fatty, in the kidneys and spleen. There were tubercular ulcers in the small intestines. The microscopical appearances in the affected lung showed thickening of pleura, a decided but not uniform increase of the alveolar walls, and the alveoli stuffed with inflammatory products in which epithelial elements could only occasionally be traced. As far as the experience of the authors went, this case was unique. The sign which of all others was regarded by writers as diagnostic of *effusion* as distinct from *pneumonia*, viz., displacement of the heart and bulging of the chest walls, was present. The uniform consolidation and caseation of the entire lung, with an absence of a similar process on the opposite side, was also remarkable. The only cases which seemed at all parallel were those which have been described by Virchow, Wagner, and others, as syphilitic pneumonia in infants. The possibility of syphilis in their case seemed out of the question.

Dr. Goodhart had seen a similar case. It was mistaken for empyema and tapped. The whole of the left lung was converted into a solid mass, and there were tubercles. The disease was not rare in partial form; a solid cheesy mass was not uncommon in middle lobe of right lung. It cer-

tainly was not syphilitic; perhaps it was a diffused lympho-sarcoma.

Dr. Duckworth said that clinically and pathologically such cases were rare. Caseous invasion from the bronchial glands was not uncommon, but in this case the disease enlarged the lung and the chest wall. The clinical history was one of tuberculosis, he thought, a good account of the microscopical appearances.

Dr. Percy Kidd thought he had seen several similar cases; the question of tuberculosis might be settled by an examination for bacilli.

Mr. Butlin recalled two or three cases tapped without result, in which the lung was solid.

Dr. Angel Money had seen two cases.

Dr. West said that a mistake between solid lung and empyema was almost unavoidable. His idea was that the tubes were occluded by secretion, or they might be pressed upon by new growth, and the consolidation be thus produced. He thought that the naked eye appearances were those of sarcoma.

Dr. Lanchester said that they could exclude syphilis. The bulging and displacement of the heart was most unusual. The structure was very hard; notwithstanding the treatment, the lung did not break down, which was unlike caseous pneumonia.

Agoraphobia.

Dr. R. Prosser White thus writes in the *Lancet*, December 27, 1884:

In the wide field of scientific medicine, research and demonstration are gradually hemming in and contracting the circle of functional disorders, and the onus of causation is placed upon some unsubstantial coccus or some undefined catalytic action. Functional disorders, however, do exist, and are perhaps increasing, as is proved by the frequent usage of words expressing derangements without inflammation, or constant structural change, such as neurosis, neurasthenia, hysteria, hypochondriasis, etc., to which category this curious phase of nervous phenomenon, I think, belongs.

B. C., aged about thirty, a professional gentleman, of active intellectual habits, whose previous health was good, and whose family history shows no predisposition to nervous disorders, complains that for the last five or six years he has suffered from a nervous kind of light-headedness, gradually becoming more marked and troublesome. The attacks occur about twice a week, and are brought on by the ideas of space, vastness, height, depth, eternity, or such kindred subjects; and these ideas, however conveyed to the brain, such as the viewing of a large building, or vast area, or in conversation, the description of a voyage, even thoughts of the infinite power of God, or a feeling of loneliness—all and each are able to produce upon him an accute attack which shows itself by pallor of face, a peculiar oppression at the back of the head, palpitation, large drops of perspiration upon the forehead, and a feeling of great dread and exhaustion, and sometimes, as he describes it, a feeling of impending madness. The general condition shows slight tendency to stoutness, with anæmia; the lungs, heart, and kidneys are practically sound. He suffers very much occasionally from bilious attacks, as he calls them, but otherwise is not troubled with headaches, tinnitus, deafness, or any stomach derangement. After an attack he feels sleepy and heavy, and sometimes passes a large quantity of urine; he says he feels nervous, and dreads the onset of another attack. He is occasionally troubled with spermatorrhœa, and reflexes of all kind are very sensitive.

These feelings and attacks may sometimes be avoided or lessened in severity by moral determination; deep concentration of thought will enable him to cross an open space or certain places which otherwise induce these attacks of dread; companionship relieves the feeling of loneliness and fear produced by the thought of taking a holiday in a part of the country new to him. The presence of a cart, even a stick or umbrella in the hand, persons, or trees, gives a sense of confidence when walking an unknown road. Cheerful and lively conversation, with a congenial companion, will always ward off the attacks.

This case is, I think, a typical example of that described in 1870 by Benedikt and in 1872 by Westphal, under the term "agoraphobia," and is, I venture to think, a not uncommon form of nervousness, though exceptional in its extreme forms; it is an essentially neurotic, as distinguished from a hysterical, affection.* It is rarely described in text-books. Quain's *Dictionary of Medicine* gives only a short article, written by Dr. Fred. Roberts, who does not think the complaint idiopathic, but says "it is sequential to some other condition." What that other condition is he does not say. Dr. Maschede is mentioned as describing a case of clithrophobia† in a young man who exhibited giddiness and oppression whenever he entered a small room or narrow space, and was obliged to camp out in the open fields and woods, and only in the depth of winter could he be prevailed upon to sleep in a large and airy apartment with all the windows open. Dr. Maschede also mentions two other similar cases. The author thinks that agoraphobia and clithrophobia ought to be classed under the same head, as in both cases the characteristic symptom is that the patient cannot by any means form an accurate conception of his surroundings.

Dr. Grainger Stewart, in a recent lecture upon "giddiness," thinks that these cases are closely allied to ordinary giddiness produced by what he calls and describes as "contradictariness of sensory impressions." "Normal equilibrium is the resultant of normal customary external impressions, and the symptoms of agoraphobia are produced by the absence or clashing of one or more of these impressions." This explanation seems to me hardly satisfactory, as my patient insists very strongly that there is a distinct difference between the giddiness associated with his bilious attacks and the giddiness which accompanies his agoraphobic attacks; again, companionship can hardly affect a man's appreciation of vertical lines, by which Dr. Stewart thinks the patients guide themselves, and also we find that the mental ideas of infinity, vastness, etc., are just as potent to produce the attacks as are external impressions.

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*Gulstonian Lectures, by Clifford Allbutt, March 4.

†British Medical Journal, May, 1879.

To me the case seems essentially a form of mental depression in certain faculties, unassociated with delusion and closely allied to what is called simple melancholia. There are disorders of perception, bright light, loud noises, likes and dislikes to persons and things are more pronounced and uncalled for; there is increased irritability to all external impressions, and these are accompanied with some form of deteriorated physical health; but I think the seat of this condition is certainly central, not peripheral. May it not be due to some functional irritation of the cerebral cortical sensory centres, which Ferrier calls the anatomical substrata of ideation?

The prognosis in this case is good, and he has always improved and recovered from his nervousness with the recovery of his usual good general health.

Treatment has been with the object of improving the general health by small doses of cod-liver oil, attention to diet, and the avoidance of such associations as aggravate the disorder. Great relief has been found from wearing a pair of dark-purple spectacles, especially upon bright days. The recumbent position, bathing the head with cold water, or a small dose of some stimulant, will often ward off an attack for some time. The peculiar pain in the back of the head is best relieved by pressure of the hands. A dose of bromide of potassium and strychnia will enable him to mount a hill or do some work which he could not have accomplished and would have shrunk from without it, and he finds he requires a quarter of an hour before the medicine acts. Other medicine he takes from which he is confident he receives benefit—namely, nux vomica, iron, and hydrobromic acid.

The Value of Condensed Milk.

Mr. T. Maben says in the *Druggists' Circular*:

Condensed milk is more digestible than ordinary cow's milk—a fact which is admitted even by those who say it should not be used. It is less liable to turn sour in the bottle, and how great a boon this is, is known only to those who have to do with feeding-bottles. It is less liable to decompose in the stomach. A medical friend informs me that he frequently finds that children fed on cow's milk are troubled with flatulency, diarrhœa, green stools, and want of health generally, and that, on changing the food to condensed milk, these symptoms at once disappear, and a most healthy condition of the body is induced. Condensed milk is less liable to vary in composition, and more likely to be pure. It is well known that the quality of the cow's milk varies with the food supplied to the cow, and in these days it is often the main object to have quantity, quality is frequently at a discount. Besides this, the change of a cow, the introduction of a new cow into the dairy, the use of milk before it is quite free from the colostrum—all these have often been accompanied with dangerous results. Now this cannot happen with condensed milk. It is in the interest of dairymen themselves to use the richest milk for condensing purposes; the cows are fed on nature's food, whether in the green Swiss valleys or the Norwegian *dals*, or "in the pastures of the far-famed Acadia of Longfellow's 'Evangeline,'" as one advertisement sets forth in poetic language; and, if due care is taken to mix and properly condense and preserve the milk, the chances of variation or impurity are indeed few and far between. The conclusion, therefore, to which I arrive is that, when mother's milk is not available, a good sweetened condensed milk is the best substitute; and though it is not by any means a model food, it is not quite so unsatisfactory as some authorities would have us believe.

The Manufacture of Oxygen.

The production of oxygen direct from the air has long been aimed at by chemists. It would appear, from a communication made to *La Nature* by Messrs. Brin frères, that this purpose has been successfully accomplished. They have erected a plant which produces 100 cubic metres per day—a quantity which is far beyond merely laboratory experiments. Their process is based on the property possessed by caustic barytes of absorbing oxygen. A series of retorts is fixed in a furnace, and caustic barytes is inserted in each retort. A force-pump and a suction-pump are connected with each retort, and at a temperature of between 500° to 600° C. air is pumped into the retorts. The air has previously been in a chamber containing lime and caustic soda, to free it from carbonic acid gas. At the temperature named, the barytes absorbs oxygen. At about 800° the resulting peroxide is deoxidized, and, by means of the suction-pump, the oxygen is drawn off. By this process a perfectly pure gas can be obtained in unlimited quantities. The oxidation and deoxidation of the barytes can be repeated indefinitely.

Of course it produces nitrogen as well as oxygen, and the authors believe the manufacture of ammonia by direct combination with hydrogen will be possible.

The applications of oxygen are likely to be very numerous. The authors think it will be found superior to carbonic-acid gas in aërated beverages. For all antiseptic purposes oxygen is of great value, and it is likely to be extensively employed in metallurgical processes, as in its medium elevated temperatures are more readily obtained than in the atmosphere.

Reviews and Book Notices.

BOOK NOTICES.

Leçons de Clinique Chirurgicale. Par le Dr. Charles Monod. 8vo., pp. 127. A Delahaye, Paris, 1884.

In a series of half a dozen clinical lectures, Dr. Monod treats of cancer and tuberculosis of the testicle, of cancer of the breast and pleural fistula, of hare-lip and perforating diseases of the foot. His teaching is clinical, amply illustrated by cases, and delivered in that pointed, incisive manner for which the French have such aptitude. Any one who is in search of further information on the topics we have named will do well to order this book.

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THE COLLECTIVE INVESTIGATION OF DISEASE.

The plan of uniting a large number of persons at one time in the investigation of disease is becoming more popular as its results are better known. Having definite questions to answer, the attention of observers is fixed on those points which are more obscure. There are difficulties in the way of estimating the results of these observations, more serious than those obtained in hospitals, for obvious reasons; but on the other hand, they are in certain respects more valuable than hospital statistics. These latter deal principally with the broken-down population of large cities, while the "collective investigation" plan deals with the actual patients of the practitioners.

The Pennsylvania State Medical Society appointed a committee to prepare cards and forms for such investigation, and the committee has recently sent such cards to members of the society. They are upon acute pneumonia, chorea, and acute rheumatism, each one of which it is requested that the member will fill up from a case in his own experience. The questions are for the most part arranged so that they can be answered by simple erasures, thus involving the minimum amount of time and trouble on the part of the observer. The cards thus filled must be returned not later than the first day of April, 1885, when the committee will begin to prepare the reports which it intends to make to the society at its annual meeting in May, 1885; but it is of course desirable that the cards should be returned as soon as the observations are completed, as the making of the reports involves much labor.

In preparing the cards, the committee has intentionally adopted precisely the same form and color for each disease, as the Collective Investigation Committee of the British Medical Association, because it is evident that if any advantage is to accrue from an international investigation, it must largely depend upon a uniformity of method. It would have been easy to modify the English cards and thus give an appearance of greater originality; but as there was no especial merit in such course, and the advantages of uniformity

were secured by leaving them unchanged, this was done.

The chairman of the committee is Dr. James Tyson, 1506 Spruce street, Philadelphia, who is prepared to furnish the forms to those who will take an interest in filling them up.

We recommend to our readers in this State to send in such reports, and those in other States may think it worth while to obtain specimens of the forms used so that they may be extended as widely as possible. In this way the maximum benefit from such a scheme will be obtained.

THE LUNACY LAWS.

The Rhinelander lunacy case has attracted considerable attention in New York, and is of some interest as showing the new mode of procedure in the trial of criminal cases in that State, when there is an allegation of insanity.

The old mode of trying the issue at the same time that the guilt of the prisoner is determined, is not a satisfactory or practical way of securing justice, and it is now done away with. The rule now is, to settle the question of insanity before the prisoner is called upon to plead, and at a time when it will not be complicated by other issues. In the Rhinelander case the plan worked well, and the result is mainly of interest as throwing some discredit upon expert evidence.

Recorder Smyth, of the Court of General Sessions, before whom Rhinelander was brought, appointed a commission to take testimony on the question of insanity and report. This commission prosecuted its duties for several weeks during the summer, and amassed an immense amount of evidence from experts and non-experts, with the result that the majority of the commission reported that Rhinelander was insane. A minority report was also presented to the opposite effect. These two reports were carefully considered by the Recorder, and in an elaborate opinion recently rendered, he adopted that of the minority. He caustically said that the expert evidence was practically of no value. That the physicians were directly opposed to one another on the question of insanity, and that those who testified in favor of insanity were totally opposed to each other as to the grade of nervous disease suffered by the prisoner. There has not been so cutting a commentary on the existing system of expert evidence in a long time, and it is not unlikely that public opinion will ere long require some change, such as that of calling the experts at the instance of the court itself, and not as witnesses for a particular side. Until something like this is done a physician can never be entirely free from bias.

PAY OF NURSES IN HOSPITALS.

The question of compensation for nurses and those employed in hospitals in caring for the sick, is a matter of some importance, and the courts are frequently called upon to determine the responsibility for such compensation.

In a recent case in Michigan it appeared that the charter of a city required the common council to take proper measures for the preservation of the public health, and at the same time a statute declares that patients of pecuniary responsibility shall pay for the services rendered them by the hospital nurses.

The suit in this case was brought against the city authorities by the nurse, and the court held that the suit was a proper one, notwithstanding the statute making the individual liable, and ordered judgment.

The opinion of the court is in part as follows: "The duty to guard the public health and prevent the spread of contagion was imperative, and the power of the common council was commensurate with the duty. Neither the power nor the obligation could be lessened by the failure to designate a sub-agency. * * * In providing that what is done shall be at the charge of individuals, it is not intended to exempt the public from immediate liability. It would be impossible under such a regulation to effectuate the general object.

"Individuals would not be willing to provide necessaries, and serve as nurses and assistants at the instance of the public, if compelled to collect their pay of the patients or their relatives.

"The public is first and immediately responsi-

ble, and the intent of the statute is to enable the public to obtain reimbursement from those who ought to sustain the expense."

Notes and Comments.

Huchard on Antipyrin.

Dr. Huchard terminates a lecture on the therapeutics of the new antipyretic antipyrin, which he delivered at the Hôpital Bichat (*Union Médicale*, November 29 and December 6), with these conclusions:

1. Antipyrin constitutes a powerful and certain means of lowering the temperature in almost all febrile diseases, as typhoid fever, pulmonary phthisis, pneumonia, pleurisy, acute articular rheumatism and cerebral rheumatism, angio-cholitis, erysipelas, diphtheria, puerperal fever, scarlatina, phlegmon, abscess, etc. It mitigates the symptoms which are due to the pyrexia, acceleration of the pulse and respiration, dryness of the mouth, etc., but it does not seem to possess any *direct* action on the respiration and circulation.

2. It is an antipyretic but not an antiperiodic, whence its inefficacy in intermittent fevers as a *preventive* of the paroxysms.

3. Its administration only gives rise to slight and occasional complications, such as moderate sweating, pharyngeal constriction, slight nausea or vomiting, and in some relatively rare cases to a rubeoliform or scarlatinaform eruption. No tendency to collapse is produced, nor any intoxication such as is caused by preparations of cinchona and salicylic acid.

4. Numerous observations have demonstrated that it constitutes a powerful, and up to the present time the sole means of efficaciously lowering the temperature in tuberculous subjects. After a dose of two grammes, administered especially in the evening at the time of the recurrence of fever, the temperature falls half a degree Centigrade, by the end of half an hour, and sometimes after a quarter of an hour. It then diminishes progressively, until the normal temperature is attained in an hour and a half or two hours. It is, however, sometimes necessary to prescribe an hour or two later another dose of one or two grammes; but in phthisical subjects, it, in consequence of the very certainty of its actions, and with the aim of avoiding accidents that may be induced by hypothermia should only be administered in small and increasing doses, as from two to four grains.

5. The antithermic effect is ordinarily maintained in these patients for from six to nine hours, and is sometimes perceptible on the following day, during which the temperature does not regain its previous height. The subsequent rise of temperature takes place progressively, resembling in that the course of defervescence. It is never sudden, as with kairin, and is never accompanied, like the latter substance, with more or less prolonged shivering.

6. It is eliminated in the urine, in which its presence is recognized two to four hours after its administration, during a period of from 30 to 48 hours. Some drops of perchloride of iron poured into urine of patients taking this medicine immediately produces a highly characteristic red color.

7. Dr. Huchard cannot speak from his own experience as to its effects in typhoid fever; but he is disposed to regard the doses of from six to eight grammes per diem, recommended by various observers, as excessive, as in several of the cases in which they had been employed a condition of hypothermia has been induced, the temperature falling to 35° or 36° C. In typhoid fever, also, the temperature, after having been lowered, will about the fifth or sixth day rise again a degree Centigrade for about an hour, after which time it resumes its regularly descending progress. Dr. Huchard has also noted the same temporary ascent of the temperature during the apyrexia, due to action of antipyrin on the fever of phthisis.

Koumiss.

Before the Medical Society of London, November 17, 1884, Dr. Carrick read a paper on the preparation of koumiss from mares' milk. He observed that the milk of mares resembled that of women more than that of any other animal. The milk of women, mares, and asses was alkaline; the milk of cows was neutral, or more commonly acid. In the former class, the casein was precipitated in thin flakes; while in cows' milk the clot was firmer and more solid. Women's and mares' milk could not be churned into butter, owing to the small percentage of fat present. The koumiss of the Steppes was, in fact, mares' milk which had undergone the lactic and and alcoholic fermentation. The amount of alcohol and of acid depended on the length of time for which the fermentations were allowed to proceed. Koumiss, being remarkably digestible, was of great use in wasting diseases; it could be consumed in large quantities for considerable periods. It was especially useful in phthisis, where it improved digestion and nutrition; and its action on the

mucous membrane, as well as its slightly constipating action, were of great use in ulceration of the intestine. It was contraindicated in diseases producing overloading of the right side of the heart, in atheroma, or aneurism. The beneficial effects of koumiss were best seen in patients who visited the Steppes, and it might be advisable to repeat the visit for six or seven summers in succession.

Dr. Jagielski had introduced koumiss into this country fifteen years ago. Clinical experience led him to believe that koumiss made from cows' milk was as good as that made from mares' milk. It was necessary to remove part of the casein and part of the fat, and to regulate the amount of sugar.

Dr. Theodore Williams, while recognizing that the koumiss made from mares' milk was the original preparation, had found cows' koumiss very useful in severe vomiting or hysteria, but not in phthisis.

Dr. Cullimore suggested that, in the "koumiss-cure," much importance ought to be attached to the pure air of the Steppes.

Dr. Edmunds thought that it was necessary to ascertain the relative nutritive value of koumiss, as compared with other dietaries.

Dr. Carrick thought the air of the Steppes, and the violent exercise taken by the patients, were of great importance in the "cure," as applied to phthisis. The experience at St. Petersburg confirmed the view expressed by Dr. Williams, that koumiss, without the other attendant conditions found in the Steppes, was of little use in phthisis.

Strangulated Hernia in an Infant Three Weeks Old.

Since such cases are very rare, the following case, which Dr. A. Haslewood reports in the *Lancet*, December 28, 1884, is worthy of note:

"On September 22, 1884, I visited a child three weeks old, for whom I had prescribed for symptoms of what the father described as 'spasms.' The child had been in great pain all night, and had been vomiting frequently; the abdomen was immensely distended with flatulence, and the child was evidently very ill; the skin of the face was pinched and shrunken. Over the right external inguinal ring, and into the scrotum, was a very evident hernial swelling, which, the parents said, was not present the previous day. Chloroform was given, and taxis fairly tried, with no effect upon the hernia. I therefore arranged to operate as soon as possible, which I accordingly did the same evening, when, after thorough insensibility was produced, taxis was again tried, both by myself and my friend, Mr. Arthur Shipton, whose valuable coöperation I had throughout; but we failed to produce reduction. On cutting down upon the tumor, a very tightly strangulated direct inguinal hernia was brought into view. Reduction was impossible without opening the sac. The constricted portion of bowel was very dark plum-colored, and formed a loop of about four inches in length. The division of the stricture was by no means easy, owing to the minute size of the tissues rendering it impossible to make good use of the finger in finding the stricture. However, with time and great care a director was passed under the constricting edge, and the stricture divided. Even then the reduction was not at all easy, and the appearance of the bowel so tightly bent round on itself renders it easy to imagine that reduction without operation was out of the question. The further progress of the case was very gratifying. The sickness ceased, the bowels acted naturally the following day, and the child to-day (November 11) is looking extremely well. I would strongly advise any surgeon having a case of a similar nature to select daylight for operating.

The Treatment of Phthisis.

What little we know about this matter is very well summed up by Dr. J. Burney Yeo, in the *London Med. Times*, December 6, 1884:

1. In the first place, to prevent or amend those faults of constitution, organization, and development which predispose to the acquirement of this disease.

2. To prevent or cure those local pulmonary affections which may induce a tendency to this disease, even where no constitutional predisposition is found to exist.

3. To prevent the possible spread of the disease by the conveyance of its germs from the sick to those who are necessarily brought into close contact with them.

4. To endeavor, so far as possible, to antagonize the influence of the infective organism *in situ*, and in its action on the constitution. To attempt to hinder the progress of its development and reproduction, and its extension to the sound parts of the affected lung, and also to the sound unaffected lung, and to prevent the infection of other organs. This is what is understood by antiseptic treatment.

5. To lessen and remove the *fever* and other constitutional disturbances dependent on the in-

fection of the constitution, as well as on the local inflammation.

6. To lessen and arrest the local irritation and inflammatory and catarrhal changes when evidences of such make their appearance.

7. To improve the disturbed and defective nutrition by all the means in their power, medicinal, regimenal, climatic, etc.

8. To relieve the various distressing symptoms that occur during the course of the malady.

9. To diminish as far as possible the evil consequences of the several grave complications incident to its course.

Psoriasis—Verruca—Epithelioma, a Sequence.

Dr James C. White, of Boston, in the January number of the *American Journal of the Medical Sciences*, presents brief notes of two remarkable cases of disease—cases extraordinary, not for the rarity of the pathological processes they represent, but for the very unusual sequence of tissue-change exhibited in their course. There were three distinct pathological affections of the cutaneous tissues: psoriasis, verrucous hypertrophy, and epitheliomatous new growth ; not occurring independently of each other, but as successive, mutual transformations in the above order.

The three dermatoses which enter into the clinical history of Dr. White's case, and which are in their nature apparently as unlike as their companionship is rare, have a close affiliation in their anatomical relations. The transformation of patches of psoriasis into horny or warty, permanent growths is not referred to in most works on dermatology as of possible occurrence even ; the transformation of verrucous growths into epithelioma is of not very infrequent occurrence; but the uninterrupted sequence followed in this case, psoriasis — verruca — epithelioma, or in other words psoriasis, as a cause of carcinoma, is extremely rare or unparalleled in dermatological history. The practical lesson to be deduced is that the transformation of patches of psoriasis into verrucous hypertrophy must be regarded as an ominous occurrence, and that the softening or other change of such horny growths demands thorough excision without delay.

Cardiac Debility.

From the *Medical Record's* report of the fifty-seventh meeting of German Naturalists and Physicians, we learn that Professor Seeligmüller, of Halle, presented a communication upon this subject. The author pictured the group of symptoms, usually called cardiac neurasthenia, as follows: after a period of cardiac disturbance, palpitation, pain in the precordial region, there ensues a condition of general weakness, expressed by fatigue after slight exertion, insomnia, forgetfulness, and distraction, and a depression of spirits. At the same time, despite a good appetite, sometimes even boulimia, there is a falling-away in nutrition, the extremities are cold, and there is at times a feeling of formication. In the absence of any organic changes, the author was inclined to refer these symptoms to anomalies of innervation, especially as they occurred most frequently after psychical disturbances, as prolonged sexual excitement, severe mental labor, combined with broken rest, etc. Rest, warm baths, good nourishing food, sea or mountain air, and quinine in small doses often exerted a favorable effect.

Dr. Wagner spoke of the difficulty of diagnosis at the first examination in these cases. In all heart affections where there were no apparent physical disturbances, especially in those of advanced years, disease of the coronary arteries should be suspected. The speaker had seen cases similar to those described by the author of the paper in women who had borne many children or who suffered from certain forms of uterine disease. This condition was caused in those cases by an overloading of the abdominal organs with blood, and was much benefited by wearing an abdominal supporter.

The Administration of Nitrous Oxide.

In the course of an address on anæsthetics by Dr. Woodhouse Braine, in the *Brit. Med. Jour.*, November 29, 1884, we note the following:

Pregnant women, even as far advanced as eight months, take nitrous oxide well. I may here mention the case of two patients, who were suckling, and in whom the shock from the extraction of a tooth, without the gas, stopped the secretion of milk ; subsequently, having to undergo a similar operation, under like circumstances, they determined to take the gas, and in neither instance did any derangement of the function of lactation occur. Children with chorea, and people who have had hemiplegia, take the gas well. In phthisical patients, if the mischief is extensive, some caution is necessary ; as in these cases the anæsthesia deepens after the removal of the face-piece, so that it is neither necessary nor advisable to start with any deep amount of insensibility. It is perfectly safe to administer this agent to epileptic patients. I have met with several cases where the extraction of a tooth, without gas, has pro-

duced an epileptic attack, but I have never seen one occur when gas has been given.

A little time ago I accompanied a surgeon to a case of circumcision, on a boy, about 2½ years old. On entering the room I found the patient lying on the floor, in a very severe epileptic fit. In a short time he became partially awake; and, not seeing any good reason for waiting, I anæsthetized him there and then; and, after the operation, he recovered in the usual way.

Great age is no bar to the administration of nitrous oxide; my oldest patient, a lady, having reached the age of 94.

Intra-Uterine Applications of Nitric Acid.

According to Dr. Thomas More Madden (*Brit. Med. Jour.*, November 29, 1884), the most active of all the agents employed in intra-uterine medication is fuming nitric acid, introduced into modern gynæcological practice by Dr. Kidd in the Coombe Hospital, and subsequently employed by Dr. Atthill in the Rotunda, and by himself in the Mater Misericordiæ Hospital, Dublin, long before it was thus applied elsewhere. In the intra-uterine use of nitric acid, it is necessary that the os uteri should be fully dilated and exposed to view, the posterior vaginal wall properly protected by the duck bill speculum, and the uterus well drawn down by a uterine tenaculum, designed for this purpose, and which can be easily disengaged from the firm hold on the cervix, and withdrawn by merely turning the screw-adjustment in the handle. In this way, the uterus may be well swabbed out with the fuming acid, the whole charge of which is thus expended on the intra-uterine surface, so as to avoid injuring the vaginal walls or external parts; though as an additional precaution, these should, moreover, be smeared over with vaseline beforehand. Immediately after the application, the uterus and vagina should be thoroughly washed out, until no trace of acid is discoverable in the returning water; finally, if any pain be complained of, a morphia-suppository should be introduced. When thus employed, nitric acid may generally be as safely as effectively used in those cases of intra-uterine disease in which its application is really necessary, and to which it should be carefully restricted.

The Early History of Galvanism.

Dr. C. A. Gordon thus concludes a paper on this subject in the *Med. Press*, November 19, 1884:

1. A knowledge of electric phenomena had existed, although in a very incomplete stage, from very ancient times.

2. Throughout the sixteenth and seventeenth centuries investigations on that subject were pursued, and many successive discoveries effected.

3. Electricity was practically utilized in 1748; "galvanic" phenomena observed in 1762; that is, considerably before the date of Galvani's experiments.

4. The chief experiments recorded of Galvani were performed on decapitated and dismembered frogs; others upon amputated limbs and executed criminals. Thus the non-necessity of *living* animals for the purposes in view is indicated.

5. So long as experiments were restricted to persons and animals, whether alive or dead, no definite advance took place in the useful application of the power. It was only when experiments came to be performed upon salts and metals that real progress began.

6. In 1721 "the germ of the electric telegraph" was discovered; in 1753 a telegraph was in actual operation—both these dates anterior to the time when Galvani's experiments were performed.

7. To Volta is due the credit of having contrived in the form of his "pile" the first "galvanic" battery so-called.

Irritable Hymen.

Dr. Angus Macdonald reports the following case in the *Edinburgh Med. Jour.*, December, 1884:

Mrs. G., æt. 26; one year married, no children, but one miscarriage. Admitted to ward 28, complaining of dyspareunia.

Physical Examination.—In the deeper part of the vulva, immediately outside the hymen, and involving it, there are large red, excessively irritable patches, which give rise to extreme pain when touched, and render marital intercourse impossible.

Treatment.—The part was dressed with iodoform for some time; but as this treatment was only partially successful, Dr. Macdonald, on January 22, 1884, removed the mucous membrane all round the hymen, and brought the edges together with a continuous catgut suture.

February 18.—All special irritability has departed from the irritable surfaces, and the patient was dismissed cured.

The above is one of a class that gives considerable trouble to the gynæcologist. I acted upon the suggestion of the late Dr. Marion Sims, and removed the irritable hymen and adjacent tissues with the knife. To get rid of capillary oozing, I brought the surfaces together with continuous

catgut suture. The patient did well, and went out apparently cured. Whether the cure has been permanent I have not been able as yet to ascertain.

One Thousand Cases of Abdominal Section.

Having performed a series of one thousand operations of abdominal section, Mr. Lawson Tait sums up his results in the *Medical Record*, January 3, 1885. He premises, in order that his remarks may be the better understood, that in every case the peritoneum was involved.

ANALYSIS.

	Cases.	Deaths.	Percentage Mortality.	
Exploratory incisions	94	2	2.1	
Cystoma—Parovarian	65	2	3.07	8.1
Cystoma—One ovary	239	26	11	8.1
Cystoma—Both ovaries	101	5	5	8.1
Removal of appendages for myoma	99	7	7	
Removal of appendages for inflammatory disease	201	10	5	
Removal of appendages for epilepsy	6	0	0	
Removal of appendages for deformity	1	0	0	
Hysterectomy	54	19	35.7	
Opening for draining pelvic abscesses	30	0	0	
" " incomplete operations	30	15	50	
" " cholecystotomy	13	0	0	
" " nephrectomy	3	0	0	
" " nephrotomy	9	0	0	
Extra-uterine pregnancy	11	2	18	
Hepatotomy for abscess and hydatids	10	0	0	
Hepatotomy for hydatids of peritoneum	2	0	0	
Tumors of omentum and mesentery	5	0	0	
Enterotomy	8	1	12.5	
Adhesion of intestines relieved	2	0	0	
Chronic peritonitis opened and drained	7	1	14.3	
Acute peritonitis	2	1	50	
Umbilical hernia	4	0	0	
Cæsarean section	1	1	100	
Scirrhus tumor of abdominal wall	1	0	0	
Suprapubic lithotomy	1	0	0	
Enucleation of myoma	1	1	100	
	1000	93		

Mr. Tait details his experience with various anæsthetics, and comes to the conclusion that he is now better pleased with a mixture of ten parts of ether and one part of chloroform, given by means of Clover's apparatus than with any other. This mixture is rapid in its action, and not at all unpleasant to the patient, and the sickness after it is far less than with anything else he has ever used. It does not produce bronchitis, nor does it arrest the secretion of urine as ether does.

A Simple Treatment for Strangulated Hernia.

The *Med. Record*, January 3, tells us that a correspondent who has forgotten to attach his name to his article writes calling attention to a simple expedient that he has resorted to successfully in cases of strangulated inguinal hernia after taxis had failed. It consists in dilatation of the constriction which produces the strangulation at the internal abdominal ring by passing the finger along the inguinal canal, carrying the integument before it until the constricting ring is felt, which generally is easily done; the finger is then gently insinuated into the opening, and if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully.

The advantages to be gained by this expedient are that it can be tried as soon as moderate efforts at taxis prove ineffectual, and before the tissues involved are injured by prolonged or severe manipulation; the patient is saved from the dangers resulting from delay; and the dangers attending operative interference, with the complications and sequences which may arise therefrom, are supplanted by a procedure which is harmless in itself and is not liable to be followed by any complications.

He finds that there is no danger of creating a larger permanent opening at the internal ring. He has tried it in five cases.

Painful Mamma in Young Girls.

While not very common, yet we occasionally read of this condition, and it is well that we should know that before the Harveian Society of London (October 16, 1884), Mr. John H. Morgan described the case of a well-made girl, aged 11½ years, who had suffered from severe pain in the left mamma for some time, which had become more acute lately; the gland was very little enlarged, and showed no symptoms of inflammation, but was the seat of great pain, and was very tender to the touch. The pain was continuous, with exacerbations. There was no history of injury; the catamenia had not appeared. Shortly afterwards, the right mamma became affected in an exactly identical manner. Neither local nor general treatment afforded relief. After some weeks, the pain began to intermit, and at length gradually disappeared. Notes were read of six other similar cases, in five of which the left, and in one the right, mamma was the seat of pain. The children were between 10½ and 12 years old; none had menstruated, and in none was treatment, either local or constitutional, of much benefit. It was suggested that this pain was not due to inflammation, but to some developmental changes in the gland, in sympathy with changes in the ovaries and in the organs of generation.

Cocaine in Laryngology.

Dr. Edmund Jelinek contributes some interesting statements on this subject to the *Wiener Med. Blatt.* As the result of numerous experiments in Schrötter's clinic, he says that, if the hydrochlorate of cocaine, either in powder or in the form of a strong solution, is applied to the mucous membrane, a marked diminution of the sensibility of the parts is noticed within a minute and a half. A solution of one part in ten or twenty is recommended, the formula suggested being as follows:

Hydrochlorate of cocaine,	1 part.
Alcohol,	2 parts.
Distilled water,	3 parts.

In examinations of the nose and larynx, it is sufficient to pencil the anterior and posterior surfaces of the soft palate, the posterior wall of the pharynx, and the base of the tongue, the process being repeated after the lapse of a minute, if necessary. The local anæsthesia continues for about ten minutes. Prof. Schrötter speaks in the highest terms of the new remedy. He has produced most gratifying results by its use in cases of acute and tuberculous laryngitis attended with extreme irritation. Both Schrötter and Störk have removed papillomata from the vocal bands after inducing local anæsthesia, and testify to the value of the method.

Tuberculosis of the Uterus.

In the *Med. News*, January 3, 1885, Dr. W. J. Jones, of Baltimore, calls attention to this condition, which, though comparatively rare, yet has not received that attention from gynecological authors to which it is entitled. The clinical diagnosis can be based upon a persistent leucorrhœal discharge and other symptoms which would point to uterine troubles; and in any patient of a tuberculous tendency, in which these symptoms are present, we should be led strongly to suspect an involvement of the genital organs. The diagnosis is often aided by the expulsion of caseous masses from the uterus. Dr. J. evidently agrees with Koch, for he considers the discovery of the bacilli in the secretions a sure means of diagnosis.

In the event of such a case found during life, before the secondary involvement of the surrounding tissues has taken place, a knowledge of how to treat it will present itself for consideration. The authorities which he has examined upon that part of the subject have little or nothing to say. Good hygienic surroundings, tonics, and good food, and perhaps the use of iodoform topically, might at least keep the disease at bay, and thus prolong the patient's life.

Erysipelas as a Complication of Pregnancy and Labor.

In the *American Journal of the Medical Sciences* for January, Dr. G. H. Balleray records two cases of labor with concurrent erysipelas without untoward result. He points out that the management of labor in the case of a woman suffering from erysipelas does not materially differ, other things being equal, from the management of a case of normal labor. The accoucheur should abstain from frequent vaginal examinations during labor; and such examinations as are necessary should be made with *clean* hands. The placenta should, if possible, be delivered by Credé's method; thus avoiding the introduction of the finger or hand within the genital canal. A full dose of ergot should be given after the delivery of the placenta; and the uterus should be gently manipulated until it is *firmly* contracted. In the after-treatment, the nurse should be forbidden to touch the genitals of the patient, without having previously washed her hands thoroughly with *hot* water and soap. The use of antiseptic vaginal injections should be commenced within twelve hours after delivery, and continued as long as there is any indication for their employment.

Laisar's Treatment of Scabies.

The Berlin correspondent of the *Jour. Am. Med. Ass.* (December 13, 1884), tells us that Dr. Laisar's treatment of scabies is as follows:

He has several private bath-rooms, conveniently arranged for all kinds of treatment. A tub of water is charged with a small amount of corrosive sublimate. The patient is stripped, rests quietly in the bath for ten minutes, being careful to keep all parts of the body covered with water. The nurse then washes him all over with green soap, washes it off, then goes through the same process again. Then the entire body is covered by a paint-brush with a preparation of the oil of cade in alcohol. This is washed off as far as possible with green soap, when the patient gets out of the bath and is thoroughly dried. Then the entire body is covered with an ointment of naphthol, sulphur, green soap, and simple ointment, and the patient is told to dress, and to wear the same underclothes until termination of treatment. The latter application is extremely painful, and its effects must be carefully watched.

Enemata of Ipecacuanha in Sunstroke.

From an exchange we learn that Dr. Jos. Bancroft (*Australian Medical Gazette*), finding it difficult to administer medicines by the mouth in

cases of sunstroke, as they may be drawn into the windpipe, and observing that cases which vomited made better recoveries than others, tried emetics, and found it easy to bring about vomiting by injecting ipecacuanha into the rectum. This he does by as soon as possible injecting into the bowels a drachm of ipecacuanha rubbed up in two ounces of water. After the injection, he removes the whole of the dress from the chest and abdomen and irrigates the surface with iced water in a watering-can so long as the temperature seems to require it; but, though the skin may be cooled, the thermometer will frequently indicate a body-heat of from 105° to 108°. Vomiting generally takes place within half an hour, and it is astonishing what a quantity of fluid is at times rejected.

Mediate Syphilitic Infection in Glass-Blowers.

Before the Liverpool Medical Institution (Nov. 20, 1884), Dr. Bernard related four cases. The cases all presented themselves for treatment within the space of three months, the first in August of the present year, and they all worked under one roof. In every case the lips were the seats of sores, and the sub-maxillary glands were enlarged, whilst the penis was free from disease, and the inguinal glands were unaffected. The speaker then referred to Lancereaux's mention of the subject, and suggested that each workman should have and use his own blow-pipe, as was the case in France, that the possibility of such accidents might be avoided.

CORRESPONDENCE.

Heart Failure.

EDS. MED. AND SURG. REPORTER:—

I have been particularly interested in the description of symptoms, if not a disease, portrayed by the pen of Dr. Roberts Bartholow. I refer to "Nervous Prostration." While it may possibly be the results of a reflex action, the direct effects are often only seen, and are the symptoms demanding prompt attention. I allude to one of the main and most prominent symptoms, *heart failure*, and look upon this distressing symptom as almost a disease of itself. The "heart failure," which is an almost if not a constant symptom, is the one we are called on to treat.

Having lived in a miasmatic district for twenty-six years, have seen more of this trouble in an isolated form than most any one. Frequently, with the slightest chill, in fact only a nervous rigor, with no appreciable rise in temperature, the entire nervous system is depressed, and the heart is brought almost to a standstill. Like a drowning man gasping for breath, the heart tumultuous, flutters, beats, stops, intermits, and starts with an acceleration due, certainly, to some nervous excitement brought to bear at a head centre. Whether this is malaria, dyspepsia, gout, rheumatic poison, or tendency to a carditis, is the question. One day the patient can digest, as he says, a "peck of wool and a hamper of gums;" the next day he cannot digest cold water—one day he can eat with impunity anything, the next day he dare not touch the simplest food. Angina comes on, and a thousand and one other troubles that make life and living a constant terror. I think it is unfortunate to couple these distressing symptoms with hypochondria and hysteria, when the heart and circulation, not at the will or mercy of such beings, as a general rule tells its own tale.

These symptoms often come on, not in the hours of waking—but persons often are wakened by a tumultuous effort or intermittency of the heart, to find themselves with rigors, perhaps no chill, and not cold even, and the heart depressed and sinking under some terrible influence This is often cut short by mustard plasters below the nipple on the left side and over the epigastrium; the left breast is often left sore, the muscles frequently jerk like tetanic spasms, and a soreness extends along the tract of the nerve, distributed to breast and shoulder, showing plainly some nerve excitement. It is then the digestion fails, or is altogether perverted—is this a cause or a sequence? The digestion was fine only the day before; they could eat cabbage, onions, and all kinds of vegetables with impunity; but to-day this little nerve influence has exhausted nearly the vital powers. Malaria may excite this state of affairs, perhaps, but it comes hot or cold, melting or freezing alike. I could enumerate a thousand and one symptoms, even while every organ is performing its function—the liver acting, the kidneys in fair condition, without any apparent influence, while sleeping quietly, these spells have come on.

Having suffered all the above at times, and having been declared sound in body and mind, having little to vex or harass me, and not being easily vexed or harassed at small things, I can speak from a sad experience of suffering, with little aid from medicine.

I reported a case some time ago in the *Medical World*, a so-called typhoid fever case, where many of the nervous symptoms of typhoid fever were present; it was, however during an epidemic similar to the Kentucky and Virginia plague, which, with malarial complication, answered a better description of pernicious fever. The temperature fell regularly twice a day; the transition was sudden, in one-half to one hour, without medication, causing stagnation of blood, a venous congestion of lungs and kidneys, with a catarrh of both as a complication, and a marked failure of the heart, and sinking of all the vital powers, requiring brandy, milk, and quinine in *small doses*. Any change in temperature could only be detected by the thermometer in mouth and rectum. Pulse became weak, scarcely perceptible, and often too frequent to count; again slow and intermittent, producing the most alarming results, requiring constant attention. Now the only rational explanation of these sudden changes and their influence on the digestion, if it be reflex, it must be

some poison or irritation to nerves distributed to internal organs—stomach, lungs, heart, bowels, or kidneys—these influences transmitted to the base of the brain, in turn are again sent to stomach probably first, instead of exciting the gastric juice with its acids to aid digestion. Oxalic acid is developed in such quantity as to prevent digestion and irritate the stomach, again causing darting pains or even jerking of muscles. Sometimes a diaphragm, a sense of tightness across the breast, and a sensation as though the stomach and chest were inflated beyond bearing, beside a constant disposition to pass gas by bowels, and often eructations and an acid disagreeable liquid. These symptoms are only while these paroxysms are on them, and not constant. Often the perspiration smells acid and garlicky, and urine shows oxalic and uric acid crystals. Urine generally pale, amber color and low specific gravity, often as low as 1007. There is seldom any disposition to vomit, but when an effort is made to do so the matter emitted is generally very acid, showing evidently the presence of more acidity than required for digestion. Acids taken into stomach generally produce the cramp or increase the trouble, often exciting muscular spasm or tetanic contractions of muscles of breast. Alkalies increase the tightness by generation of gases, and often little eructations from them.

Now, are the dyspeptic symptoms the cause or the result of the "nervous depression," or are not heart failure and want of blood in stomach causes of perverted digestion? Yesterday digestion was good, could eat anything; last night a spell; today pains over kidneys, depressed, and stomach oppressed when anything is taken into it; shooting pains through the breast and membranes of left arm at shoulder and elbow; sciatic pains only after such spells or paroxysms.

I am satisfied that we can find in an oxalic acid diathesis a probable if not pertinent or just cause for erratic rheumatism, and to it I think must be ascribed much of the cause of nerve prostration and heart failure, for I hardly think that uric acid, except in larger quantities than are usually seen in such cases, would produce such results, or even urea; beside, urea in sufficient quantity to interfere so with digestion, etc., would evidently produce unpleasant effects on the brain. which is almost always free, except as far as the terror or constant forebodings of the result of this oppression. Besides, I think the oxalic acid excess may account for the headaches or neuralgias often felt, and the diaphragm or feeling of having swallowed wind, as well as tightness across the breast, and constant and distressing symptoms—the shooting pains or even the jerkings or muscular twitchings so often felt, as well as the pains, soreness, or deadened feelings at the base of the brain—no doubt when all these exciting causes center to discharge their venom through the nerve-centres to distant organs. Another name for these conceptions in my own case. Chlorate of potash and bismuth subnit. have bad effects, frequently irritating the urethra and prostate gland. Muriate of ammonia taken internally, ammonia is disengaged, showing other acid than muriatic present. Would uric acid produce such an action? Ammonia increases bad feelings. Nitric and nitro-muriatic acid will produce angina, and iodide of potash will produce constriction of throat and jaws, like jock-jaw, or when a person gapes and his jaws catch and lock, he can neither open or shut his mouth hardly, until the contractions of muscles are over. Soda bicarb. disagrees, with oppressive fullness felt in breast, or tightness. Muriated tincture of iron disagrees also, producing same unpleasantness and fullness in head, even in five-drop doses three times a day. I can take bromide of potash, but not bromide of soda. Bitters and quinine seem to occasion a dysphagia or constriction about throat like wind had been taken into the stomach, or belladonna had been swallowed. I never have any thirst, care little for water or liquids, except at meals, and only then while taking solid food. Sometimes have a burning sensation after these paroxysms through heart.

I have given you my own symptoms, as exemplary of those generally complained of by others. You may have noticed my last article, "American Pork," in *Medical World*. We had what the Kentucky and Virginia mountaineers have had with the drouth. We also had measly hog cholera pork, and doubtless can trace our epidemic in part, if not in whole, to it. "American Pork" contains more beside trichina. *I can assure you* cholera hogs are continually sent out; diseased meat, and meat saturated with saltpetre, equally destructive to intestinal mucous membrane and kidneys, in the manner in which it is used—sliced and fried without boiling or soaking. I can give you some dots here.

CHAS. C. THORNTON.

Thornton, Miss.

The Profession in Pennsylvania.

EDS. MED. AND SURG. REPORTER:—

The Legislature of the State of Pennsylvania in times past have been turning professional somersaults, and exhibited very exalted ideas of the wants of the medical profession. For "instance:" On the 24th of March, 1877, a law was passed "that no person should practice medicine or surgery without a diploma or five years' practice."

There lived near me a young man who had just started out to practice homœopathy without any medical education whatever, and the passage of that law scared him so badly that he hired a practicing homœopathic physician to attend a course of medical lectures in his name, he paying the expense. He knew that he could never get a diploma on his own merit; but he is as good an M. D. as any one now.

That is the only wonder that law ever worked here to my knowledge.

Same act, sec. 4, relates to transient practitioners, but is a dead letter. One of those traveling station mountebanks stops at the town of ——, advertises liberally that he has *permanently* located, and until a suitable office can be secured, will be at Hotel ——, rooms ——; but in a week or ten days, having lined his pockets with shekels, goes to the next town to play the same game.

Registry Law, approved June 8, 1881, provides for the registration of *all* practitioners of medicine and surgery.

But a few miles from my place lives a man per-

fectly illiterate—he cannot read a word in any language, cannot write his own name—but he is a registered practitioner, and exhibits the receipt he got from the Prothonotary for his fee to those ignorant as himself, as his diploma. Says he got it from the State of Pennsylvania; didn't go to *Phydelphy*, where they keep them to sell, and buy it, as most of them do.

I fail to see how that law amounts to anything. You can go to the "books" and see who have diplomas and who not, but that does not regulate the practice of medicine, nor raise the standard of medical education. Battle with this problem as long as you may, legislate till the ballot-box is worn out, but just as long as those illiterate charlatans are permitted to blow their horns over the land, don't look for a higher standard of medical education. Don't legislate for the schools: legislate for the people. If the twin sisters, education and civilization, have an influence or power, it should be used to control and enlighten and do for the ignorant what they cannot do for themselves. They are apt to look with distrust upon the educated, and the smooth-tongued charlatan fans the flame of their fears.

Get rid of those parasites—those barnacles that are not only degrading to the profession, but through their ignorance people our cemeteries faster than disease.

I have in my mind two or three men that educated themselves for the medical profession, gentlemen in every sense; but when compelled to recognize Dr. Ignoramus, to hear his praises sung by trumpet-tongued followers, divide profits with ignorance and deceit, see people, intelligent at least as the common run, recognize such blatherskites, and follow after them with as much enthusiasm and delight as a boy after fife and drum, throw up their profession in disgust and remain silent "lookers-on in Venice." The dead branches of ignorance are sapping the vitality of the profession.

There is little encouragement for a man to spend the best years of his life to educate himself for usefulness, and then have an ignorant, trumpet-tongued ignoramus sit down beside him equal before the law. "Equal?" Yes, superior; for in this State "ignorance of the law excuses no man," applies to *law* only: in medical practice the law does not punish a man for what he don't know (that is, as I read the law); and the man without a diploma is far the best off—nothing to lose, not accountable, everything to gain. If he loses, well, he has done as well as old M. D. was likely to; and if he gains, the shout will go up long and loud; he will be feasted and feted, and the horns will blow in indelible letters on every available board and barn in the country.

Give us a law that none but the competent shall handle medicine or prescribe for the sick. That will be encouragment enough and compulsory enough to fill the medical ranks with competent applicants.

Conneautville, Pa. ORSON HOUGH, M. D.

—The latest remedy for pruritus, when seated in the anus or vulva, is balsam of Peru. The *Brit. Med. Jour.* alludes to it as a new triumph in medicine.

NEWS AND MISCELLANY.

A Tribute to Lister.

Dr. C. G. Wheelhouse thus concludes his interesting paper on "*Pent-up Secretions*" in the *Brit. Med. Jour.*, January 3, 1885. Speaking of "FŒTOR," and the "ENTRANCE OF AIR TO PENT-UP SECRETIONS," he says:

"To us, in former days, here lay the great secret; we were well aware of that; and hence the carefully precise instructions that were given to admonish us to keep out the air from all our wounds, our explorations, our burns and scalds, and so forth; subcutaneous incisions; valvular openings, tunnelling into abscesses—anything, everything, to keep out the air!

"In all this, the first faint glimmerings of the dawn of better things may now be perceived; and, taken in combination with the fact that, having steadily fought the battle of the various dressings for wounds; the old and filthy poultices and cerates, under the influence of which I, when a dresser, have seen hundreds of maggots collect in twenty-four hours in an amputation-wound; the carefully neat, elaborate, painful, and baneful dressing by tight plaster; the much-vaunted 'water-dressings,' and 'dry-dressings,' and 'healing under scabs,' we found men, like Spencer Wells, seeking to protect wounds, alike from the decomposition of the exudations on the one hand, and of the air on the other, by covering them with 'pads of calcined oyster-shells and oil of tar,' with thick layers of cotton-wool, and so on, you may be sure that we were running with a fine scent, and were pretty certain to 'find' in the end!

"It was, indeed, often noted that air, if closely filtered, might pass into the cellular tissue of the body without doing more than simply temporary harm, as in the case of fractured ribs with penetration of the lung, in which air so filtered by passing through the air-cells, though actually distending the areolar tissue to the point of disfiguring the body beyond recognition, was nevertheless speedily re-absorbed, if not evacuated, and did no real harm.

"But to none of us, until Sir Joseph Lister arose, and drew aside the curtain from our ignorance, and showed us how the air we breathe, and which penetrates into the most hidden and secret recesses of our bodies, is laden with microscopic life and with germs, ready, the moment they alight upon a cultivable soil, to spring into life, and run riot in our wounds, our 'pent-up' secretions, was the revelation made that, to 'sterilize' that air was the only way in which septic mischief could be prevented, and surgery be rendered harmless.

"Towards this now attainable end, we of the nineteenth century have only advanced a certain distance on the way; but, to some of you it may be given to see the full fruition of our hope; and may you, gentlemen, bear your share in the good work."

An Anti-Vaccinator's Funeral.

The *Medical Press*, December 24, 1884, contains the following account of a most remarkable funeral that recently took place in London:

"No stronger evidence of the oft-repeated but much-abused dictum that 'this is a free country,' has been adduced of late than by the extraordinary funeral procession which passed through the principal thoroughfares of London on Saturday last. Here was an exhibition illegal in its essence, blocking the traffic, and appealing to ignorant prejudices against one of the most righteous laws ever promulgated. This so-called demonstration consisted of an open hearse with a child's coffin, preceded by a brake with a brass band playing the Dead March, and followed by a number of vehicles smothered in placards abusive of the Vaccination Act, and of every one not crazy enough to sympathize with their peculiar view of thought. Handbills were also freely distributed *en route*, and the police made no effort at interference beyond directing the crowds to move on. Truly, this is a free country! The following is a specimen of the literature forced into the hands of the public through which the procession passed:

"'Thou shalt do no murder—Exodus xx. In Memoriam, William Rd. Duncombe, aged six months, who was legally killed by vaccination. Was vaccinated on November 5, being perfectly healthy at the time. He was never well again, but sickened for death. His arm was much inflamed. On the 30th day of November a red rash appeared all over him. On 2d December he had four fits of convulsions. On the 4th of December the rash disappeared. Large lumps formed behind the ear and under the vaccinated arm. The vaccination marks had run into two deep and inflamed wounds, and he died in great torture on December 13. The mothers of five children legally killed by vaccination follow him to the grave, and ask of the people of England the repeal of the Vaccination Acts.'"

Specialties and their Relation to the Medical Profession.

Dr. L. Duncan Bulkley, of New York, read a paper on this subject before the American Academy of Medicine in August, 1884, which thus concludes:

1. The science and practice of medicine has, in company with other sciences, become so vast that no one mind is capable of fully grasping every portion of it.

2. Unconsciously, its various departments have become divided up, and from natural causes certain men have become prominent in various departments.

3. The so-called specialties in medicine are so great and extensive each, that particular or exclusive attention is now devoted to them, the study and practice in each branch being sufficient to fully occupy one's time.

4. The development of these branches has greatly increased the scope and extent of medical knowledge.

5. Every medical practitioner should be more or less of a specialist, excelling in some particular direction.

6. To properly follow and develop one of these specialties, the medical man should be particularly well educated, theoretically and practically, in general medicine as well as in his special branch.

7. This tendency to specialism in medicine can not be arrested; but the difficulty tends to solve itself, by the education of practitioners and students in these specialties, so that the majority of simpler cases shall be treated by them, while the more difficult and obscure cases will naturally fall to the specialist who refuses to treat other diseases and confines himself to the practice of a single branch.

Cannibalism.

The strange drama of cannibalism developed by the history of the survivors of the British yacht, Mignonette, has just come to an end in England. It will be remembered that the yacht foundered some months ago off the African coast, and the survivors, after a good many days of starvation and exposure, saw no hope of rescue, and, as a last resort, the captain killed a boy named Parker, and upon his flesh the party lived until help came. This is the barest outline of an awful story of suffering and starvation. The act was not deemed by the captain to be murder, but a measure of self-preservation, and was not concealed. A different view, however, was taken in England, and he was put upon trial for murder. The case attracted great attention from the unusual circumstances attending it, and much sympathy was felt for the accused.

The trial resulted in the jury finding the facts as above stated, but not determining whether they constituted murder or not. This was left to the judges, and Court of Appeals recently decided unanimously that the act was murder. The sentence of death by hanging was then pronounced by Lord Coleridge, but the black cap was not prescribed, showing a desire to relieve the disgrace of the mode of death. It was also said that if clemency was to be exercised, it must be by the Queen. This has just happened, for the telegraph announces that the sentence has been commuted to six months' imprisonment without labor. This action by the Queen will be received gratefully by the community, for the deed, while technically a murder, had so many extenuating circumstances as almost to lift it out of the grade of crimes. It is a matter for rejoicing that the cases are exceedingly rare when the choice has to be made between death and the destruction of a fellow creature.

A Novel Urinary Analysis.

Dr. M. N. Miller thus writes to the *Med. Record*, January 3, 1885:

A bottle of urine was sent me a few days since with a request for microscopical examination. The gentleman making the request wrote that the urine had been examined by an expert, but it had been done some months since, and he kindly enclosed a copy of the expert's report, which I have again copied *verbatim et literatim*, and send herewith. I do not know as it will contribute anything to the instruction of your readers—though it may amuse them.

"Report. The urine contains excess of phosphates, Epithelium, granular and Hyaline Casts, Albumen hematin Pus corpuscles, Some spermatoza cholestearine biliverdine uric acid in Large quantities.

"the urine is acid sp. G. 1005.

"This shows that you are suffering from Chronic Nephrosis of the Kidneys and Addison disease of the super Renal Capsules with a tendency to Bright's disease or Albuminuria.

"I shall not prescribe as you have your own doctor. I recommend Vichy water pretty freely.

"———."

The Insane Asylums of Canada.

The insane asylums of Canada are copying some of the objectionable practices of some of the asylums in the States, and are in need of reformation of a decided kind.

Judge Jette, of the Supreme Court at Montreal, after a suit pending for several months, has directed the discharge from the Longue Pointe Asylum of Mrs. Rose Lyman, who has been incarcerated there for three years. The facts as stated in the papers are as follows:

"Three years ago her husband had her incarcerated in the institution, the superintendent certifying to her insanity. She has since been confined in the most refractory ward, although the resident physician testified on oath that she was sane when admitted. When the fact of the gross outrage became public, citizens all over the Dominion subscribed a fund to enter the suit for her liberation. Mrs. Lyman has brought suit for separation from her husband, and also for $10,000 against the Government Medical Superintendent for signing the certificate of her insanity."

The Oleomargarine War.

The oleomargarine war waxes furious in some of the States, and in New York the last phase of the contest is a decision by the Supreme Court in the Second District that the law on the subject passed by the last Legislature is constitutional. There was one dissenting judge, and the case will be appealed, as the questions at issue are of a good deal of public importance. Much has been recently claimed for the "police power" of a State in the way of preventing trades or manufactures alleged to be injurious to the public, and it is important that some clear statement of the law should be made.

It is unquestionable that the manufacture of dirty or impure oleomargarine can be stopped legally, and also the offering for sale of oleomargarine for real butter; but the point to be absolutely settled is whether all manufacture of the article can be prohibited in order to secure this object.

The progress of the case will be watched with some interest.

Medical Education.

Before the Midland Medical Society (England) December 3, 1884, Mr. Haslam read a paper on medical education, in which the question of what education the student should have before commencing his medical studies was discussed. Many students at present entered at a hospital with little or no knowledge of such subjects as chemistry, botany, or physics, and were consequently unable to study at once, with advantage, either physiology or chemistry; moreover, they had not learnt how to work at scientific subjects, and so lost much time on this account. It was suggested that much benefit would be derived from having a medical college, where boys intending to study medicine could enter, after having passed one of the preliminary examinations, and spend a year acquiring some knowledge of these scientific subjects that would be of use to them later on; they would then be able, on entering at a hospital, to study with greater advantage the various medical subjects met with there, and would have more time to devote to attending hospital-practice.

The Jefferson Medical College Hospital.

The Trustees of the Jefferson Medical College Hospital presented their annual report January 17, 1885, which sets forth that during the past year 12,618 patients were treated, of which 1,290 were in the wards of the hospital, and 11,328 in the out-patient department. There were 33,414 visits made to charity patients. The above were attended by 41 physicians and surgeons, of whom 36 were on duty daily. During the year 27,866 prescriptions were filled in the dispensary. The report contains the gratifying statement that the mortality of the ward cases, including accidents, was but 45 to 1,000.

The Graduating Class of Jefferson College.

The graduating class of 1885 of Jefferson Medical College held a meeting in the lecture-room of the college, January 17, for the purpose of organizing the class prior to graduation. The following officers were elected:

President.—Dr. J. D. Orr, Pennsylvania.
Secretary.—Dr. J. E. Oliver, Missouri.
Treasurer.—Dr. J. C. Barr, Pennsylvania.

Items.

—An official register of physicians and midwives of Illinois has been issued by the Board of Health of that State.

—By the recent charity bazaar held at the Natatorium, in Baltimore, for the Nursery and Child's Hospital, $6,500 net, were realized. This will be utilized in furnishing the new wing of the hospital.

—According to the Commissioner of Education, General Eaton, there were 8,681 medical students in this country in 1873, and 15,151 in 1882. The medical schools increased during the same period from 94 to 134.

—According to the *Jour. Am. Med. Ass.*, December 13, 1884, Prof. Frerich states that interstitial hypertrophy of the liver is always due to one of four causes: 1. Alcohol. 2. Syphilis. 3. Malaria. 4. Transmitted inflammation from the gall-bladder.

—For a number of years it has been the custom in Dublin to have an annual foot-ball game the day before Hospital Sunday for the benefit of the Hospital Sunday fund. In this country the advantages accruing to hospitals from foot-ball games are chiefly clinical.

—A Parisian jeweler has been fined fifty francs for homicide through imprudence, and ordered to pay 150 francs damages to the parents of a child whose death he had caused by piercing its ears for earrings too high up, the operation having been followed by inflammation.

—While other professions are laboring, organizing, scheming, for their own advancement and for the establishment of their power over society, ours has so completely forgotten its common interest in individual sacrifice, that to this day it remains, as has been well described for all practical purposes, a disorganized rabble.—*Asche.*

—Dr. Louis A. Duhring reports in the January issue of the *American Journal of the Medical Sciences*, a marked example of what he has described as dermatitis herpetiformis. The history of the case, including the cause of the disease—a violent shock to the nervous system—is both interesting and instructive.

—Spasm of the tongue, occurring as an independent affection, is recognized to be quite rare. A case has recently fallen under the care of Dr. Edmund C. Wendt, which he records in the January number of the *American Journal of the Medical Sciences*. The history of the case shows the decidedly beneficial action of galvanism in localized muscular cramps.

—Dr. Atthill, of Dublin, uses the following lotion in pruritus vulvæ, and it is also applicable to pruritus ani, a pledget of cotton being soaked in it and passed up the anus and left there till the next defecation, when it was removed:

℞.		
	Acid carbolic,	gr. xx.
	Tinct. opii.,	ʒ ss.
	Acid hydrocyanic dilut.,	ʒ ij.
	Glycerine,	ʒ ss.
	Aquam ad.,	ʒ iv.

—Dr. H. Lawson, of Cuthbert, Ga., who is described by the editor of the *Southern Medical Record* as "a modest though worthy practitioner," announces a cure for cancer. It consists, as we understand, in the heroic use of arsenic, combined later with caustic applications. In one patient suffering from epithelioma on the left temple, one-fourth of a grain of arsenious acid was given, and gradually increased to three-fourths of a grain.

—The following, suggested by a retired army surgeon, is going the rounds of the press as a cure for gonorrhœa:

℞.		
	Zinci sulph.,	
	Ext. belladonnæ,	ãã grs. xx.
	Mucilag. acaciæ,	ʒ j.
	Aquæ,	ad. ʒ viii. M.

Sig.—A teaspoonful to be injected frequently. An ointment of opium and belladonna also to be smeared along the perineum and crus penis at night.

—The characteristics of the cholera epidemic of 1884, as summed up by a committee of the Académie de Médecine, composed of M.M. Dujardin-Beaumetz, Hardy, and Proust, are as follows: 1. Relative benignity, corresponding with the regular decrease in the gravity of cholera epidemics since 1832. 2. Absence of special premonitory constitution, as shown by choleriform diarrhœas. 3. Uncertainty, or at least great variability, in the mode of propagation. 4. Many facts showing that the disease is very contagious; many others showing the contrary.

—The violent anti-vivisectionist, Ernst Heinrich von Weber, has recently been sentenced to eight weeks' imprisonment. In the journal entitled *Der Thier- und Menschenfreund*, of which he is the editor, he published, under the heading "Vivisection of a Man," a statement that about eight years ago a Jewish physician of Osnabrück had made a post-mortem examination of a man while only apparently dead, and therefore had performed vivisection on him. Dr. Pelz, who had performed the post-mortem in question, summoned him before a court of justice with the above result. A clergyman of Munster, also, who was the author of the article, was sentenced to six weeks' imprisonment.

—Mr. Meredith, of London, publishes fifty cases of ovariotomy in the *British Medical Journal*, the work of three years. Forty-six of the patients recovered, making a mortality of only eight per cent. The operations were all performed under spray, and with due antiseptic precautions, to which course the writer attributes the fact that he was able to dispense with the drainage-tube in all but three cases. Mr. Meredith urges an argument against hyperpyrexia being due to the absorption of carbolic acid the fact that in forty-two of his cases the temperature did not exceed 102° F. Nine other cases of laparotomy for various causes are appended to the report, of which one was fatal. These statistics are valuable as the writer is well known to be Mr. Knowsley Thornton's assistant and able exponent of his methods.

OBITUARY NOTICES.

MARCELLUS WHITEHEAD, M. D.

Dr. Marcellus Whitehead, who had been a successful practitioner of medicine in Salisbury, N. C., for upwards of forty years, died of Bright's disease, January 2, aged 64 years.

JOHN PRESTON WOOD, M. D.

John Preston Wood, M. D., of Lamar county, Texas, died Nov. 12, 1884, of locomotor ataxia. Dr. Wood was born in Amelia county, Va., April 4, 1816, and began the study of medicine at the Medical Department of the University of Virginia in 1836. He graduated from the Medical Department of the University of Pennsylvania in 1840. He removed to Texas in 1854, where he continued in the practice of medicine until soon after the war closed, when he retired from practice, owing to disability. He was highly respected, and his loss is mourned by many friends and admirers.

MARRIAGE.

RUSH—PIERCE.—December 21, 1884, at the residence of the bride's father, Mr. William Pierce, by Rev. Dr. Thompson, Dr. A. J. Rush and Miss Laura Pierce, all of Delta county, Texas.

DEATH.

VAN SLYCK.—December 27, 1884, in Brookline, Mass., of apoplexy, Annie E. C. Van Slyck, wife of D. B. Van Slyck, M. D., aged 51 years and 5 months.